

DRAFT

STANDARDS

FOR

LICENSED ASSISTED LIVING FACILITIES



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DEPARTMENT OF SOCIAL SERVICES
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**STANDARDS
FOR
LICENSED ASSISTED LIVING FACILITIES**

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**STATE BOARD OF SOCIAL SERVICES
STANDARDS FOR
LICENSED ASSISTED LIVING FACILITIES
CHAPTER 72**

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ATTACHMENT

RIGHTS AND RESPONSIBILITIES OF RESIDENTS OF ASSISTED LIVING FACILITIES

STANDARDS FOR LICENSED ASSISTED LIVING FACILITIES

PART I. GENERAL PROVISIONS.

22 VAC 40-72-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Activities of daily living (ADLs)" means bathing, dressing, toileting, transferring, bowel control, bladder control and eating/feeding. A person's degree of independence in performing these activities is a part of determining appropriate level of care and services.

"Administer medication" means to open a container of medicine or to remove the ordered dosage and to give it to the resident for whom it is ordered.

"Administrator" means the licensee or a person designated by the licensee who is responsible for the general administration and management of an assisted living facility and who oversees the day-to-day operation of the facility, including compliance with all regulations for licensed assisted living facilities.

"Admission" means the date a person actually becomes a resident of the assisted living facility and is physically present at the facility, except that for an emergency placement, the provisions of 22 VAC 40-72-370 B apply.

"Advance directive" means, as defined in § 54.1-2982 of the Code of Virginia, (i) a witnessed written document, voluntarily executed by the declarant in accordance with the requirements of § 54.1-2983 of the Code of Virginia or (ii) a witnessed oral statement, made by the declarant subsequent to the time he is diagnosed as suffering from a terminal condition and in accordance with the provisions of § 54.1-2983 of the Code of Virginia. The individual or his legal representative can rescind the document at any time.

"Ambulatory" means the condition of a resident who is physically and mentally capable of self-preservation by evacuating in response to an emergency to a refuge area as defined by 13 VAC 5-63, the Virginia Uniform Statewide Building Code, without the assistance of another person, or from the structure itself without the assistance of another person if there is no such refuge area within the structure, even if such resident may require the assistance of a wheelchair, walker, cane, prosthetic device, or a single verbal command to evacuate.

"Assisted living care" means a level of service provided by an assisted living facility for adults who may have physical or mental impairments and require at least moderate assistance with the activities of daily living. Included in this level of service are individuals who are dependent in behavior pattern (i.e., abusive, aggressive, disruptive) as documented on the uniform assessment instrument.

"Assisted living facility" means, as defined in § 63.2-100 of the Code of Virginia, any congregate residential setting that provides or coordinates personal and health care services, 24-hour supervision, and assistance (scheduled and unscheduled) for the maintenance or care of four or more adults who are aged, infirm or disabled and who are cared for in a primarily residential setting, except (i) a facility or portion of a facility licensed by the State Board of Health or the Department of ~~Mental Health, Mental Retardation and Substance Abuse~~ Behavioral Health and Developmental Services, but including any portion of such facility not so licensed; (ii) the home or residence of an individual who cares for or maintains only persons related to him by blood or marriage; (iii) a facility or portion of a facility serving infirm or disabled persons between the ages of 18 and 21, or 22 if enrolled in an educational program for the handicapped pursuant to § 22.1-214 of the Code of Virginia, when such facility is licensed by the department as a children's residential facility under Chapter 17 (§ 63.2-1700 et seq.) of Title 63.2 of the Code of Virginia, but including any portion of the facility not so licensed; and (iv) any housing project for persons 62 years of age or older or the disabled that provides no more than basic coordination of care services and is funded by the U.S. Department of Housing and Urban Development, by the U.S. Department of Agriculture, or by the Virginia Housing Development Authority. Included in this definition are any two or more places, establishments or institutions owned or operated by a single entity and providing maintenance or care to a combined total of four or more aged, infirm or disabled adults. Maintenance or care means the protection, general supervision and oversight of the physical and mental well-being of an aged, infirm or disabled individual. Assuming responsibility for the well-being of residents, either directly or through contracted agents, is considered "general supervision and oversight."

"Attorney-in-fact" means strictly, one who is designated to transact business for another: a legal agent. (Black's Law Dictionary, 9th Edition).

"Behavioral health authority" means the organization, appointed by and accountable to the governing body of the city or county that established it, that provides mental health, ~~mental retardation~~ intellectual disability, and substance abuse services through its own staff or through contracts with other organizations and providers.

"Building" means a structure with exterior walls under one roof.

"Cardiopulmonary resuscitation (CPR)" means an emergency procedure consisting of external cardiac massage and artificial respiration; the first treatment for a person who has collapsed and has no pulse and has stopped breathing; and attempts

to restore circulation of the blood and prevent death or brain damage due to lack of oxygen.

"Case management" means multiple functions designed to link clients to appropriate services. Case management may include a variety of common components such as initial screening of needs, comprehensive assessment of needs, development and implementation of a plan of care, service monitoring, and client follow-up.

"Case manager" means an employee of a public human services agency who is qualified and designated to develop and coordinate plans of care.

"Chapter" or "this chapter" means these regulations, i.e., Standards for Licensed Assisted Living Facilities, 22 VAC 40-72, unless noted otherwise.

"Chemical restraint" means a psychopharmacologic drug that is used for discipline or convenience and not required to treat the resident's medical symptoms or symptoms from mental illness or ~~mental retardation~~ intellectual disability, that prohibits an individual from reaching his highest level of functioning.

"Commissioner" means the commissioner of the department, his designee or authorized representative.

"Community services board" or "CSB" means a citizens' board established pursuant to § 37.2-501 of the Code of Virginia that provides mental health, ~~mental retardation~~ intellectual disability and substance abuse programs and services within the political subdivision or political subdivisions participating on the board.

"Companion services" means assistance provided to residents in such areas as transportation, meal preparation, shopping, light housekeeping, companionship, and household management.

"Conservator" means a person appointed by the court who is responsible for managing the estate and financial affairs of an incapacitated person and, where the context plainly indicates, includes a "limited conservator" or a "temporary conservator." The term includes (i) a local or regional program designated by the Department for the Aging and Rehabilitative Services as a public conservator pursuant to Article 2 6 (§ 2.2-744 51.5-149 et seq.) of Chapter 7 14 of Title 2.2 51.5 of the Code of Virginia or (ii) any local or regional tax-exempt charitable organization established pursuant to § 501(c)(3) of the Internal Revenue Code to provide conservatorial services to incapacitated persons. Such tax-exempt charitable organization shall not be a provider of direct services to the incapacitated person. If a tax-exempt charitable organization has been designated by the Department for Aging and Rehabilitative Services as a public conservator, it may also serve as a conservator for other individuals.

"Continuous licensed nursing care" means around-the-clock observation, assessment, monitoring, supervision, or provision of medical treatments provided by a licensed nurse. Residents requiring continuous licensed nursing care may include:

1. Individuals who have a medical instability due to complexities created by multiple, interrelated medical conditions; or
2. Individuals with a health care condition with a high potential for medical instability.

"Days" means calendar days unless noted otherwise.

"Department" means the State Department of Social Services.

"Department's representative" means an employee or designee of the State Department of Social Services, acting as an authorized agent of the Commissioner of Social Services.

"Dietary supplement" means a product intended for ingestion that supplements the diet, is labeled as a dietary supplement, is not represented as a sole item of a meal or diet, and contains a dietary ingredient(s), i.e., vitamins, minerals, amino acid, herbs or other botanicals, dietary substances (such as enzymes), and concentrates, metabolites, constituents, extracts, or combinations of the preceding types of ingredients. Dietary supplements may be found in many forms, such as tablets, capsules, liquids, or bars.

"Direct care staff" means supervisors, assistants, aides, or other ~~employees~~ staff of a facility who assist residents in the performance of personal care or daily living activities. Examples are likely to include nursing staff, activity staff, geriatric or personal care assistants, medication aides, and mental health workers but are not likely to include waiters, chauffeurs, cooks, and dedicated housekeeping, maintenance and laundry personnel.

"Discharge" means the movement of a resident out of the assisted living facility.

"Electronic" means relating to technology having electrical, digital, magnetic, wireless, optical, electromagnetic, or similar capabilities.

"Electronic record" means a record created, generated, sent, communicated, received, or stored by electronic means.

"Electronic signature" means an electronic sound, symbol, or process attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record.

"Emergency" means, as it applies to restraints, a situation that may require the use of a restraint where the resident's behavior is unmanageable to the degree an immediate and serious danger is presented to the health and safety of the resident or others.

"Emergency placement" means the temporary status of an individual in an assisted living facility when the person's health and safety would be jeopardized by denying entry into the facility until the requirements for admission have been met.

"Good character and reputation" means findings have been established and knowledgeable, reasonable, and objective people agree that the individual (i) maintains business or professional, family, and community relationships that are characterized by honesty, fairness, truthfulness, and dependability; and (ii) has a history and pattern of behavior that demonstrates the individual is suitable and able to ~~administer~~ be responsible for a program for the care, supervision, and protection of adults. Relatives by blood or marriage and persons who are not knowledgeable of the individual, such as recent acquaintances, may not act as references.

~~"Guardian" means a person who has been legally invested with the authority and charged with the duty of taking care of the person, managing his property and protecting the rights of the person who has been declared by the circuit court to be incapacitated and incapable of administering his own affairs. The powers and duties of the guardian are defined by the court and are limited to matters within the areas where the person in need of a guardian has been determined to be incapacitated.~~ a person appointed by the court who is responsible for the personal affairs of an incapacitated person, including responsibility for making decisions regarding the person's support, care, health, safety, habilitation, education, therapeutic treatment, and, if not inconsistent with an order of involuntary admission, residence. Where the context plainly indicates, the term includes a "limited guardian" or a "temporary guardian." The term includes (i) a local or regional program designated by the Department for Aging and Rehabilitative Services as a public guardian pursuant to Article 6 (§ 51.5-149 et seq.) of Chapter 14 of Title 51.5 of the Code of Virginia or (ii) any local or regional tax-exempt charitable organization established pursuant to § 501(c)(3) of the Internal Revenue Code to provide guardian services to incapacitated persons. Such tax-exempt charitable organization shall not be a provider of direct services to the incapacitated person. If a tax-exempt charitable organization has been designated by the Department for Aging and Rehabilitative Services as a public guardian, it may also serve as a guardian for other individuals.

"Habilitative service" means activities to advance a normal sequence of motor skills, movement, and self-care abilities or to prevent avoidable additional deformity or dysfunction.

"Health care provider" means a person, corporation, facility or institution licensed by this Commonwealth to provide health care or professional services such as a physician or hospital, dentist, pharmacist, registered or licensed practical nurse, optometrist, podiatrist, chiropractor, physical therapist, physical therapy assistant, clinical psychologist, or health maintenance organization. This list is not all inclusive.

"Household member" means any person domiciled in an assisted living facility other than residents or staff.

"Imminent physical threat or danger" means clear and present risk of sustaining or inflicting serious or life threatening injuries.

"Independent clinical psychologist" means a clinical psychologist who is chosen by the resident of the assisted living facility and who has no financial interest in the assisted living facility, directly or indirectly, as an owner, officer or employee or as an independent contractor with the facility.

~~"Independent living environment" means one in which the resident or residents perform all activities of daily living and instrumental activities of daily living for themselves without requiring the assistance of another person and take medication without requiring the assistance of another person.~~

"Independent living status" means that the resident is assessed as capable of performing all activities of daily living and instrumental activities of daily living for himself without requiring the assistance of another person and is assessed as capable of taking medications without the assistance of another person. (If the policy of a facility dictates that medications are administered or distributed centrally without regard for the residents' capacity, this policy shall not be considered in determining independent status.)

"Independent physician" means a physician who is chosen by the resident of the assisted living facility and who has no financial interest in the assisted living facility, directly or indirectly, as an owner, officer, or employee or as an independent contractor with the facility.

"Individualized service plan (ISP)" means the written description of actions to be taken by the licensee, including coordination with other services providers, to meet the assessed needs of the resident.

"Instrumental activities of daily living (IADLs)" means meal preparation, housekeeping, laundry, and managing money. A person's degree of independence in performing these activities is a part of determining appropriate level of care and services.

"Intellectual disability" means disability, originating before the age of 18 years, characterized concurrently by (i) significantly subaverage intellectual functioning as demonstrated by performance on a standardized measure of intellectual functioning, administered in conformity with accepted professional practice, that is at least two standard deviations below the mean and (ii) significant limitations in adaptive behavior as expressed in conceptual, social, and practical adaptive skills.

"Intermittent intravenous therapy" means therapy provided by a licensed health care professional at medically predictable intervals for a limited period of time on a daily or periodic basis.

"Legal representative" means a person legally responsible for representing or standing in the place of the resident for the conduct of his affairs. This may include a guardian, conservator, attorney-in-fact under durable power of attorney ("durable power of attorney" defines the type of legal instrument used to name the attorney-in-fact and does not change the meaning of attorney-in-fact), trustee, or other person expressly named by a court of competent jurisdiction or the resident as his agent in a legal document that specifies the scope of the representative's authority to act. A legal representative may only represent or stand in the place of a resident for the function or functions for which he has legal authority to act. A resident is presumed competent and is responsible for making all health care, personal care, financial, and other personal decisions that affect his life unless a representative with legal authority has been appointed by a court of competent jurisdiction or has been appointed by the resident in a properly executed and signed document. A resident may have different legal representatives for different functions. For any given standard, the term legal representative applies solely to the legal representative with the authority to act in regard to the function or functions relevant to that particular standard.

"Licensed health care professional" means any health care professional currently licensed by the Commonwealth of Virginia to practice within the scope of his profession, such as a nurse practitioner, registered nurse, licensed practical nurse, (nurses may be licensed or hold multistate licensure pursuant to § 54.1-3000 of the Code of Virginia), clinical social worker, dentist, occupational therapist, pharmacist, physical therapist, physician, physician assistant, psychologist, and speech-language pathologist. Responsibilities of physicians referenced in this chapter may be implemented by nurse practitioners or physician assistants in accordance with their protocols or practice agreements with their supervising physicians and in accordance with the law.

"Licensee" means any person, association, partnership, corporation, company or public agency to whom the license is issued.

"Manager" means a designated person who serves as a manager pursuant to 22 VAC 40-72-220 and 22 VAC 40-72-230.

"Mandated reporter" means the following persons acting in their professional capacity who have reason to suspect abuse, neglect or exploitation of an adult:

1. Any person licensed, certified, or registered by health regulatory boards listed in § 54.1-2503 of the Code of Virginia, with the exception of persons licensed by the Board of Veterinary Medicine;
2. Any mental health services provider as defined in § 54.1-2400.1 of the Code of Virginia;
3. Any emergency medical services personnel certified by the Board of Health pursuant to § 32.1-111.5 of the Code of Virginia;
4. Any guardian or conservator of an adult;
5. Any person employed by or contracted with a public or private agency or facility and working with adults in an administrative, supportive or direct care capacity;
6. Any person providing full, intermittent or occasional care to an adult for compensation, including but not limited to companion, chore, homemaker, and personal care workers; and
7. Any law-enforcement officer.

This is pursuant to § 63.2-1606 of the Code of Virginia.

"Maximum physical assistance" means that an individual has a rating of total dependence in four or more of the seven activities of daily living as documented on the uniform assessment instrument. An individual who can participate in any way with performance of the activity is not considered to be totally dependent.

"Medication aide" means a staff person who has current registration with the Virginia Board of Nursing to administer drugs that would otherwise be self-administered to residents in an assisted living facility in accordance with the Regulations Governing the Registration of Medication Aides (18 VAC 90-60). This definition also includes a staff person who is an applicant for registration as a medication aide as provided in 22 VAC 40-72-660.

"Mental impairment" means a disability that reduces an individual's ability to reason logically, make appropriate decisions, or engage in purposeful behavior.

"Mental illness" means a disorder of thought, mood, emotion, perception, or orientation that significantly impairs judgment, behavior, capacity to recognize reality, or

ability to address basic life necessities and requires care and treatment for the health, safety, or recovery of the individual or for the safety of others.

~~"Mental retardation" means disability, originating before the age of 18 years, characterized concurrently by (i) significantly subaverage intellectual functioning as demonstrated by performance on a standardized measure of intellectual functioning, administered in conformity with accepted professional practice, that is at least two standard deviations below the mean and (ii) significant limitations in adaptive behavior as expressed in conceptual, social, and practical adaptive skills.~~

"Minimal assistance" means dependency in only one activity of daily living or dependency in one or more of the instrumental activities of daily living as documented on the uniform assessment instrument.

"Moderate assistance" means dependency in two or more of the activities of daily living as documented on the uniform assessment instrument.

"Nonambulatory" means the condition of a resident who by reason of physical or mental impairment is not capable of self-preservation without the assistance of another person.

"Nonemergency" means, as it applies to restraints, circumstances that may require the use of a restraint for the purpose of providing support to a physically weakened resident.

"Physical impairment" means a condition of a bodily or sensory nature that reduces an individual's ability to function or to perform activities.

"Physical restraint" means any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the resident cannot remove easily, which restricts freedom of movement or access to his body.

"Physician" means an individual licensed to practice medicine or osteopathic medicine in any of the 50 states or the District of Columbia.

"Prescriber" means a practitioner who is authorized pursuant to §§ 54.1-3303 and 54.1-3408 of the Code of Virginia to issue a prescription.

"Private duty personnel" means an individual hired, either directly or through a licensed home care organization, by a resident, family member, legal representative, or similar entity to provide one-on-one services to the resident, such as a private duty nurse, home attendant, personal aide, or companion. Private duty personnel are not hired by the facility, either directly or through a contract.

"Private pay" means that a resident of an assisted living facility is not eligible for benefits under the Auxiliary Grants Program.

"Psychopharmacologic drug" means any drug prescribed or administered with the intent of controlling mood, mental status or behavior. Psychopharmacologic drugs include not only the obvious drug classes, such as antipsychotic, antidepressants, and the antianxiety/hypnotic class, but any drug that is prescribed or administered with the intent of controlling mood, mental status, or behavior, regardless of the manner in which it is marketed by the manufacturers and regardless of labeling or other approvals by the United States Food and Drug Administration.

"Public pay" means that a resident of an assisted living facility is eligible for benefits under the Auxiliary Grants Program.

"Qualified" means having appropriate training and experience commensurate with assigned responsibilities; or if referring to a professional, possessing an appropriate degree or having documented equivalent education, training or experience. There are specific definitions for "qualified assessor" and "qualified mental health professional" below.

"Qualified assessor" means an individual who is authorized to perform an assessment, reassessment, or change in level of care for an applicant to or resident of an assisted living facility. For public pay individuals, a qualified assessor is an employee of a public human services agency trained in the completion of the uniform assessment instrument (UAI). For private pay individuals, a qualified assessor is an employee of the assisted living facility trained in the completion of the UAI or an independent private physician or a qualified assessor for public pay individuals.

"Qualified mental health professional" means a behavioral health professional who is trained and experienced in providing psychiatric or mental health services to individuals who have a psychiatric diagnosis, including and limited to (i) a physician licensed in Virginia; (ii) a psychologist: an individual with a master's degree in psychology from a college or university accredited by an association recognized by the U.S. Secretary of Education, with at least one year of clinical experience; (iii) a social worker: an individual with at least a master's degree in human services or related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, or human services counseling) from college or university accredited by an association recognized by the U.S. Secretary of Education, with at least one year of clinical experience providing direct services to persons with a diagnosis of mental illness; (iv) a Registered Psychiatric Rehabilitation Provider (RPRP) registered with the International Association of Psychosocial Rehabilitation Services (IAPSRs); (v) a clinical nurse specialist or psychiatric nurse practitioner licensed in the Commonwealth of Virginia with at least one year of clinical experience working in a mental health treatment facility or agency; (vi) any other licensed mental health professional; or (vii) any other person deemed by the Department of Mental Health, Mental Retardation and

~~Substance Abuse~~ Behavioral Health and Developmental Services as having qualifications equivalent to those described in this definition. Any unlicensed person who meets the requirements contained in this definition shall either be under the supervision of a licensed mental health professional or employed by an agency or organization licensed by the Department of ~~Mental Health, Mental Retardation and Substance Abuse~~ Behavioral Health and Developmental Services.

"Rehabilitative services" means activities that are ordered by a physician or other qualified health care professional that are provided by a rehabilitative therapist (physical therapist, occupational therapist or speech-language pathologist). These activities may be necessary when a resident has demonstrated a change in his capabilities and are provided to restore or improve his level of functioning.

"Resident" means any adult residing in an assisted living facility for the purpose of receiving maintenance or care.

"Residential living care" means a level of service provided by an assisted living facility for adults who may have physical or mental impairments and require only minimal assistance with the activities of daily living. Included in this level of service are individuals who are dependent in medication administration as documented on the uniform assessment instrument, although they may not require minimal assistance with the activities of daily living. This definition includes the services provided by the facility to individuals who are assessed as capable of maintaining themselves in an independent living status.

"Respite care" means services provided in an assisted living facility for the maintenance and or care of aged, infirm or disabled adults for a temporary period of time or temporary periods of time, regularly or intermittently that are regular or intermittent. Facilities offering this type of care are subject to this chapter.

"Restraint" means either "physical restraint" or "chemical restraint" as these terms are defined in this section.

"Restorative care" means activities designed to assist the resident in reaching or maintaining his level of potential. These activities are not required to be provided by a rehabilitative therapist and may include activities such as range of motion, assistance with ambulation, positioning, assistance and instruction in the activities of daily living, psychosocial skills training, and reorientation and reality orientation.

"Safe, secure environment" means a self-contained special care unit for individuals with serious cognitive impairments due to a primary psychiatric diagnosis of dementia who cannot recognize danger or protect their own safety and welfare. Means of egress that lead to unprotected areas must be monitored or secured through devices that conform to applicable building and fire safety standards, including but not limited to door alarms, cameras, constant staff oversight, security bracelets that are part of an

alarm system, pressure pads at doorways, delayed egress mechanisms, locking devices or perimeter fence gates. There may be one or more self-contained special care units in a facility or the whole facility may be a special care unit. Nothing in this definition limits or contravenes the privacy protections set forth in § 63.2-1808 of the Code of Virginia.

"Sanitizing" means treating in such a way to remove bacteria and viruses through using a disinfectant solution (e.g., bleach solution or commercial chemical disinfectant) or physical agent (e.g., heat).

"Serious cognitive impairment" means severe deficit in mental capability of a chronic, enduring or long-term nature that affects areas such as thought processes, problem-solving, judgment, memory, and comprehension and that interferes with such things as reality orientation, ability to care for self, ability to recognize danger to self or others, and impulse control. Such cognitive impairment is not due to acute or episodic conditions, nor conditions arising from treatable metabolic or chemical imbalances or caused by reactions to medication or toxic substances.

"Significant change" means a change in a resident's condition that is expected to last longer than 30 days. It does not include short-term changes that resolve with or without intervention, a short-term acute illness or episodic event, or a well-established, predictive, cyclic pattern of clinical signs and symptoms associated with a previously diagnosed condition where an appropriate course of treatment is in progress.

"Skilled nursing treatment" means a service ordered by a physician or other prescriber that is provided by and within the scope and of practice of a licensed nurse.

"Skills training" means systematic skill building through curriculum-based psychoeducational and cognitive-behavioral interventions. These interventions break down complex objectives for role performance into simpler components, including basic cognitive skills such as attention, to facilitate learning and competency.

"Staff" or "staff person" means personnel working at a facility who are compensated or have a financial interest in the facility, regardless of role, service, age, function or duration of employment at the facility. Staff or staff person also includes those individuals hired through a contract to provide services for the facility.

"Substance abuse" means the use, without compelling medical reason, of alcohol or other legal or illegal drugs that results in psychological or physiological dependency or danger to self or others as a function of continued use in such a manner as to induce mental, emotional or physical impairment and cause socially dysfunctional or socially disordering behavior.

"Systems review" means a physical examination of the body to determine if the person is experiencing problems or distress, including cardiovascular system,

respiratory system, gastrointestinal system, urinary system, endocrine system, musculoskeletal system, nervous system, sensory system and the skin.

"Transfer" means movement of a resident to a different assigned living area within the same licensed facility.

"Trustee" means one who stands in a fiduciary or confidential relation to another; esp., one who, having legal title to property, holds it in trust for the benefit of another and owes a fiduciary duty to that beneficiary (Black's Law Dictionary, 9th Edition).

"Uniform assessment instrument (UAI)" means the department designated assessment form. There is an alternate version of the form that may be used for private pay residents. Social and financial information that is not relevant because of the resident's payment status is not included on the private pay version of the form.

"Volunteer" means a person who works at an assisted living facility who is not compensated. This does not include persons who, either as an individual or as part of an organization, present at or facilitate group activities.

22 VAC 40-72-20. Legal base and applicability.

A. Chapters 17 (§ 63.2-1700 et seq.) and 18 (§ 63.2-1800 et seq.) of Title 63.2 of the Code of Virginia include requirements of law relating to licensure, including licensure of assisted living facilities.

B. This regulation applies to assisted living facilities as defined in § 63.2-100 of the Code of Virginia and in 22 VAC 40-72-10.

1. Each assisted living facility shall comply with Parts I (22 VAC 40-72-10 et seq.) through IX (22 VAC 40-72-930 et seq.) of this regulation.
2. An assisted living facility that cares for adults with serious cognitive impairments who cannot recognize danger or protect their own safety and welfare shall also comply with Part X (22 VAC 40-72-980 et seq.) of this regulation.

22 VAC 40-72-30. (Repealed.)

22 VAC 40-72-40. Program of care.

There shall be a program of care that:

1. Meets the resident population's physical, mental, emotional, and psychosocial needs;

2. Provides protection, guidance and supervision;
3. Promotes a sense of security, ~~and~~ self-worth and independence; and
4. Promotes the resident's involvement with appropriate community resources; ~~;~~
and
5. ~~Meets the objectives of the service plan.~~

PART II.
ADMINISTRATION AND ADMINISTRATIVE SERVICES.

22 VAC 40-72-50. Licensee.

A. The licensee shall ensure compliance with all regulations for licensed assisted living facilities and terms of the license issued by the department; with relevant federal, state ~~or~~ and local laws; with ~~and~~ other relevant regulations; and with the facility's own policies and procedures.

B. The licensee shall ~~meet the following requirements:~~

1. ~~The licensee shall give~~ Give evidence of financial responsibility and solvency.
2. ~~The licensee shall be~~ Be of good character and reputation. Character and reputation investigation includes, but is not limited to, background checks as required by §§ 63.2-1702 and 63.2-1721 of the Code of Virginia.
3. ~~The licensee shall meet~~ Meet the requirements specified in the Regulation for Background Checks for Assisted Living Facilities and Adult Day Care Centers (22 VAC 40-90).
4. Act in accordance with General Procedures and Information for Licensure (22 VAC 40-80).
- 4 ~~5. The licensee shall protect~~ Protect the physical and mental well-being of residents.
- 5 ~~6. The licensee shall exercise~~ Exercise general supervision over the affairs of the licensed facility and establish policies and procedures concerning its operation in conformance with applicable law, these regulations, and the welfare of the residents.
6. ~~The licensee shall develop and maintain an operating budget, including resident care, dietary, and physical plant maintenance allocations and~~

~~expenditures. The budget shall be sufficient to ensure adequate funds in all aspects of operation.~~

7. Ensure that he or his relatives, his agents or agents' relatives, the facility administrator or administrator's relatives, or facility staff shall not act as, seek to become, or become the conservator or guardian of any resident unless specifically so appointed by a court of competent jurisdiction pursuant to Article 1 (§ 37.2-1000 et seq.) of Chapter 10 of Title 37.2 of the Code of Virginia.

8. Ensure that the current license is posted in the facility in a place conspicuous to the residents and the public.

~~7 9. The licensee shall ensure~~ Ensure that the facility keeps and maintains at the facility such records, makes such reports, and maintains such plans, schedules, and other information as required by this chapter for licensed assisted living facilities. The facility shall submit, or make available, to the department's representative, records, reports, plans, schedules, and other information necessary to establish compliance with this chapter and applicable law. Such records, reports, plans, schedules, and other information shall be maintained at the facility and may be inspected at any reasonable time by the department's representative.

10. Ensure that any document required by this chapter to be posted shall be in at least 12-point type or equivalent size.

11. Make certain that when it is time to discard records, they are disposed of in a manner that ensures confidentiality.

12. Ensure that at all times the department's representative is afforded reasonable opportunity to inspect all of the facility's buildings, books and records and to interview agents, employees, residents, and any person under its custody, control, direction, or supervision.

~~8. The licensee shall meet the qualifications of and requirements for the administrator if he serves as the administrator of the facility.~~

~~C. An assisted living facility sponsored by a religious organization, a corporation or a voluntary association shall be controlled by a governing board of directors that shall fulfill the duties of the licensee.~~

~~D C.~~ Upon initial application for an assisted living facility license, any person applying to operate such a facility who has not previously owned or managed or does not currently own or manage a licensed assisted living facility shall be required to undergo training by the commissioner or his designated agents. Such training shall be required of those

owners and currently employed administrators of an assisted living facility at the time of initial application for a license.

1. The commissioner may also approve training programs provided by other entities and allow owners or administrators to attend such approved training programs in lieu of training by the department.
2. The commissioner may at his discretion also approve for licensure applicants who meet requisite experience criteria as established by the board.
3. The training programs shall focus on the health and safety regulations and resident rights as they pertain to assisted living facilities and shall be completed by the owner or administrator prior to the granting of an initial license.
4. The commissioner may, at his discretion, issue a license conditioned upon the owner or administrator's completion of the required training.

~~E D. If there are plans for a facility to be voluntarily closed or sold, the~~ The licensee shall notify in writing the regional licensing office of intent to sell or voluntarily close or sell the facility no less than 60 days prior to the sale date or closure or sale date. The following shall apply:

1. No less than 60 days prior to the planned sale date or closure or sale date, the licensee shall notify the residents, and as relevant, legal representatives, case managers, eligibility workers, and designated contact persons of the intended sale or closure or sale of the facility and the date for such, and the requirements of 22 VAC 40-72-420 shall apply.

EXCEPTION: If plans are made at such time that 60-day notice is not possible, the licensee shall notify the regional licensing office, the residents, legal representatives, case managers, eligibility workers, and designated contact persons as soon as the intent to sell or close the facility is known.

2. If the facility is to be sold, at the time of notification ~~of residents of such~~ specified in subdivision 1 above, the licensee shall explain to each resident, his legal representative, case manager, and at least one designated contact person that ~~unless provided otherwise by the new licensee, the resident has a choice as to can choose~~ whether to stay or to relocate, unless the new licensee specifies relocation, and that if if a resident chooses to stay, there must be a new agreement/~~acknowledgment~~ between the resident and the new licensee that meets the specifications of 22 VAC 40-72-390.
3. The licensee shall provide updates regarding the closure or sale of the facility to the regional licensing office, as requested.

~~EXCEPTION: If plans are made at such time that 60-day notice is not possible, the licensee shall notify the regional licensing office, the residents, legal representatives, and designated contact persons as soon as the intent to close or sell the facility is known.~~

~~22 VAC 40-72-55. Registration.~~

~~The assisted living facility shall register with the Department of State Police to receive notice of the registration or reregistration of any sex offender within the same or a contiguous zip code area in which the facility is located, pursuant to § 9.1-914 of the Code of Virginia.~~

~~22 VAC 40-72-60. Disclosure.~~

A. The assisted living facility shall prepare and provide a statement to the prospective resident and his legal representative, if any, that discloses information about the facility. The statement shall be on a form developed by the department and shall:

1. Disclose information fully and accurately in plain language;
2. Be provided to the prospective resident and his legal representative at least five days in advance of the planned admission date, and prior to signing an admission agreement or contract;

~~EXCEPTION: If circumstances are such that resident admission to a facility prevents disclosure of the information at least five days in advance, then the information shall be disclosed at the earliest possible time prior to signing an admission agreement or contract. The circumstances causing the delay shall be documented.~~

3. Be provided to a resident or his legal representative upon request; and
4. Disclose the following information, which shall be kept current:
 - a. Name of the facility;
 - b. Name of the licensee;
 - c. Names of any other assisted living facilities for which the licensee has a current license issued by the Commonwealth of Virginia;
 - d. Ownership structure of the facility, i.e. e.g., individual, partnership, corporation, limited liability company, unincorporated association or public agency;

~~e. Name of management company that operates the facility, if other than the licensee;~~

~~f. Licensed capacity of the facility and description of the characteristics of the resident population;~~

~~g d. Description of all accommodations, services, and care that the facility offers;~~

~~h e. Fees charged for accommodations, services, and care, including clear information about what is included in the base fee and any fees for additional accommodations, services, and care;~~

~~i. Policy regarding increases in charges and length of time for advance notice of intent to increase charges;~~

~~j. Amount of an advance or deposit payment and refund policy for such payment;~~

~~k f. Criteria for admission to the facility and any restrictions on admission;~~

~~l g. Criteria for transfer to a different living area within the same facility, including transfer to another level, gradation, or type of care within the same facility or complex;~~

~~m h. Criteria for discharge, including the actions, circumstances, or conditions that would result or may result in the resident's discharge from the facility;~~

~~n. Requirements or rules regarding resident conduct and other restrictions and special conditions;~~

~~o i. Range, eCategories, frequency, and number of activities provided for residents;~~

~~p j. General number, functions position types, and qualifications of staff on each shift;~~

~~q. Notification that names of contractors providing essential services to residents are available upon request; and~~

k. Notation that additional information about the facility that is included in the resident agreement is available upon request; and

~~r-l. Address of the website of the department~~ Department's website address, with a note that additional information about the facility may be obtained from the website, including type of license, capacity, special services, and most recent years' compliance history ~~that includes information after July 1, 2003.~~

B. ~~If a prospective resident is admitted to the facility, written~~ Written acknowledgement of the receipt of the disclosure by the resident or his legal representative shall be retained in his the resident's record.

C. ~~The information disclosure statement required in this section~~ shall also be available to residents, their legal representatives, and the general public, upon request.

22 VAC 40-72-70. (~~Reserved~~) Electronic Records and Signatures

A. Use of electronic records or signatures shall comply with the provisions of the Uniform Electronic Transactions Act, §§ 59.1-479 through 59.1-501 of the Code of Virginia.

B. In addition to the requirements of the Uniform Electronic Transactions Act, the use of electronic signatures shall be deemed to constitute a signature and have the same effect as a written signature on a document as long as the licensee:

1.Develops, implements, and maintains specific policies and procedures for the use of electronic signatures;

2.Ensures that each electronic signature identifies the individual signing the document by name and title;

3.Ensures that the document cannot be altered after the signature has been affixed;

4.Ensures that access to the code or key sequence is limited;

5.Ensures that all users have signed statements that they alone have access to and use the key or computer password for their signature and will not share their key or password with others; and

6.Ensures that strong and substantial evidence exists that would make it difficult for the signer or the receiving party to claim the electronic representation is not valid.

C. A back-up and security system shall be utilized for all electronic documents.

22 VAC 40-72-80. (Reserved.)

22 VAC 40-72-90. (Moved to 155)

22 VAC 40-72-100. Incident reports.

A. Each facility shall report to the regional licensing office by the ~~next working day~~ within 24 hours any major incident that has negatively affected or that threatens the life, health, safety or welfare of any resident.

B. The report required in subsection A of this section shall include (i) the name of the facility, (ii) the name(s) of the resident(s) involved in the incident, (iii) the name of the person making the report, (iv) the date of the incident, (v) a description of the incident, and (vi) the actions taken in response to the incident.

C. The facility shall submit a written report of each incident specified in subsection A of this section to the regional licensing office within seven days after the incident took place. The report shall be signed and dated by the administrator and include the following information:

1. Name and address of the facility;
2. Name of the resident(s) involved in the incident;
3. Date and time of the incident;
4. Name, title, and signature of the person making the report;
5. Date of completion of the report;
6. Type of incident;
- 7 4. Description of the incident, the circumstances under which it happened, and when applicable, extent of injury or damage;
- 8 5. Location of the incident;
- 9 6. Actions taken in response to the incident;
- 10 7. Outcome resolution of the incident, and if applicable follow-up actions or care Actions to prevent recurrence of the incident, if applicable;
- 11 8. Name of staff person in charge at the time of the incident;

42 9 . Names, telephone numbers and addresses of witnesses to the incident, if any.

10. Name, title, and signature of the person making the report, if other than the administrator, and date of the completion of the report.

D. The facility shall submit to the regional licensing office amendments to the written report when circumstances require, such as when substantial additional actions are taken, significant new information becomes available, or there is resolution of the incident after submission of the report.

E. A copy of the written report of each incident shall be maintained by the facility for at least two years.

F. If applicable, the facility shall ensure that there is documentation in the resident's record as required by 22 VAC 40-72-460 E.

22 VAC 40-72-110. (Reserved.)

22 VAC 40-72-120. ~~Conservator or guardian.~~

~~The facility licensee/operator, facility administrator, relatives of the licensee/operator or administrator, or facility staff shall not act as, seek to become, or become the conservator or guardian of any resident unless specifically so appointed by a court of competent jurisdiction pursuant to Article 1 (§ 37.2-1000 et seq.) of Chapter 10 of Title 37.2 of the Code of Virginia.~~

22 VAC 40-72-130. Management and control of resident funds.

Pursuant to § 63.2-1808 A 3 of the Code of Virginia, the resident shall be free to manage his personal finances and funds regardless of source, unless a committee, conservator or guardian of a resident has been appointed for a resident. (see 22 VAC 40-72-120), the resident shall be free to manage his personal finances and funds; provided, However, that the resident may request that the facility assist with the management of personal funds and the facility may assist the resident in such management in accordance with 22 VAC 40-72-140 and 22 VAC 40-72-150. under the following conditions:

1. There shall be documentation of this request and delegation, signed and dated by the resident and the administrator. The documentation shall be maintained in the resident's record.
2. Residents' funds shall be held separately from any other moneys of the facility. Residents' funds shall not be borrowed, used as assets of the facility, or used for purposes of personal interest by the licensee/operator, administrator, or facility staff.

3. The resident shall be given a choice of whether he wishes his funds to be maintained in an individual resident account, which may be interest-bearing, or in a single account for the accumulated funds of multiple residents, which shall not be interest-bearing.

4. For residents who are not recipients of an auxiliary grant, the facility may charge a reasonable amount for administration of the account.

5. The facility shall maintain a written accounting of money received and disbursed by the facility that shows a current balance. The written accounting of the funds shall be made available to the resident at least quarterly and upon request, and a copy shall also be placed in the resident's record.

6. The resident's funds shall be made available to the resident or his legal representative upon request.

22 VAC 40-72-140. *(Moved to 395)*

22 VAC 40-72-150. Safeguarding residents' funds.

~~A. If the resident delegates the management of personal funds to the facility, the following standards apply:~~

~~1. Documentation of this delegation, signed and dated by the resident and the administrator, shall be maintained in the resident's record.~~

~~2. Residents' funds shall be held separately from any other moneys of the facility. Residents' funds shall not be borrowed, used as assets of the facility, or used for purposes of personal interest by the licensee/operator, administrator, or facility staff.~~

~~3. If the facility's accumulated residents' funds are maintained in a single interest-bearing account, each resident shall receive interest proportionate to his average monthly account balance. The facility may deduct a reasonable cost for administration of the account.~~

~~4. If any personal funds are held by the facility for safekeeping on behalf of the resident, a written accounting of money received and disbursed, showing a current balance, shall be maintained. Residents' funds and the accounting of the funds shall be made available to the resident or the legal representative or both upon request.~~

~~B. No facility administrator or staff person shall act as either attorney-in-fact or trustee unless the resident has no other preferred designee and the resident himself expressly requests such service by or through facility personnel. When the facility administrator or staff person acts as attorney-in-fact or trustee, the following applies:~~

1. There shall be documentation that the resident has requested such service and from whom, signed and dated by the resident, the facility administrator and if a staff person is to provide the service, the staff person. The documentation shall be maintained in the resident's record.

2. Any The facility administrator or staff person so named attorney-in-fact or trustee shall be accountable at all times in the proper discharge of such fiduciary responsibility as provided under Virginia law.

3. The facility shall maintain a written accounting of money received and disbursed by the facility administrator or staff person that shows a current balance. The written accounting of the funds shall be made available to the resident at least quarterly and upon request, and a copy shall also be placed in the resident's record.

4. The resident's funds shall be made available to the resident or his legal representative upon request.

5. shall provide a quarterly accounting to the resident, and, Upon termination of the power of attorney or trust for any reason, the facility administrator or staff person so named attorney-in-fact or trustee shall return all funds and assets, with full accounting, to the resident or to his legal representative or to another responsible party expressly designated by the resident. See also 22 VAC 40-72-120 regarding conservators or guardians appointed by a court of competent jurisdiction.

22 VAC 40-72-155 Infection control program.

A. The assisted living facility shall ~~establish~~ develop, in writing, and maintain ~~implement~~ an infection control program ~~designed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection~~ addressing the surveillance, prevention and control of disease and infection that is consistent with the Centers for Disease Control and Prevention (CDC) guidelines and the Occupational Safety and Health Administration (OSHA) bloodborne pathogens regulations.

1. A licensed health care professional, practicing within the scope of his profession and with training in infection prevention, shall participate in the development of infection prevention policies and procedures and shall assure compliance with applicable guidelines and regulations.

2. The administrator shall ensure at least an annual review of infection prevention policies and procedures for any necessary updates. A licensed health care professional, practicing within the scope of his profession and with training in infection prevention, shall be included in the review to assure compliance with

applicable guidelines and regulations. Documentation of the review shall be maintained at the facility.

3. A staff person who has been trained in basic infection prevention shall participate in the annual review and serve as point of contact for the program. This person shall be responsible for on-going monitoring of the implementation of the infection control program.

B. The infection control program shall ~~include~~ be applicable to all staff and volunteers and encompass all services, and as well as the entire physical plant and grounds.

C. The infection control program ~~addressing the surveillance, prevention and control of infections~~ shall include:

- ~~1. Establishing procedures to isolate the infecting organism;~~
- ~~2. Providing easy access to handwashing equipment for all staff and volunteers;~~
- ~~3. Training for and supervisory monitoring of all staff and volunteers in proper handwashing techniques, according to accepted professional standards, to prevent cross contamination;~~

1. Procedures for the implementation of infection prevention measures by staff and volunteers to include:

- a. Use of standard precautions;
- b. Use of personal protective equipment; and
- c. Means to assure hand hygiene.

2. Procedures for other infection prevention measures related to job duties to include, but not be limited to:

- a. Determination of whether prospective or returning residents have acute infectious disease and use of appropriate measures to prevent disease transmission;
- b. Use of safe injection practices and other procedures where the potential for exposure to blood or body fluids exists;
- c. Blood glucose monitoring practices that are consistent with CDC guidelines. When providing assisted blood glucose monitoring, only single-use auto-retractable disposable lancets may be used;

- d. The handling, storing, processing and transporting of linens, supplies and equipment in a manner that prevents the spread of infection;
 - e. The sanitation of rooms, including cleaning and disinfecting procedures, agents, and schedules;
 - f. The sanitation of equipment, including medical equipment that may be used on more than one resident, e.g., blood glucose meters and blood pressure cuffs, including cleaning and disinfecting procedures, agents, and schedules;
 - e. The handling, storing, processing and transporting of medical waste in accordance with applicable regulations; and
 - f. Maintenance of an effective pest control program.
3. Readily accessible handwashing equipment and necessary personal protective equipment for staff and volunteers, e.g., soap, alcohol-based hand rubs, disposable towels or hot air dryers, and gloves.
4. Product specific instructions for use of cleaning and disinfecting agents , e.g., dilution, contact time, management of accidental exposures.
5. Initial training as specified in 22 VAC 40-72-180 C 4 and annual retraining of staff and volunteers in infection prevention methods, as applicable to job responsibilities.
- ~~3. Education regarding infection risk reduction behavior for staff and volunteers;~~
- ~~4. Training for all staff and volunteers in appropriate implementation of standard precautions;~~
4. Procedures for:
- a. Isolating the infecting organism;
 - ~~5 b. Prohibiting staff and volunteers with communicable diseases or infections from direct contact with residents or their food, if direct contact may transmit disease;~~
 - ~~6 c. Monitoring performance of infection control practices by staff and volunteers;~~
 - ~~7 Handling, storing, processing and transporting linens, supplies and equipment in a manner that prevents the spread of infection;~~

~~8 Handling, storing, processing and transporting medical waste in accordance with applicable regulations;~~

~~9 Maintaining an effective pest control program; and .~~

~~10. Providing staff and volunteer education regarding infection risk-reduction behavior.~~

~~D. The methods utilized for infection control shall be described in a written document that shall be available to all staff.~~

D. The facility shall have a staff health program that includes:

1. Provision of information on recommended vaccinations, per guidelines from the CDC Advisory Committee on Immunization Practices (ACIP), to facility staff and volunteers who have any potential exposure to residents or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air;

2. Assurance that employees with communicable diseases are identified and prevented from work activities that could result in transmission to other personnel or residents;

3. An exposure control plan for bloodborne pathogens;

4. Documentation of screening and immunizations offered to, received or declined by employees in accordance with law, regulation or recommendations of public health authorities, including access to hepatitis B vaccine;

5. Compliance with requirements of the OSHA for reporting of workplace associated injuries or exposure to infection.

E. The facility administrator shall immediately make or cause to be made a report of an outbreak of disease as defined by the Virginia Board of Health. Such report shall be made by rapid means to the local health director or to the Commissioner of the Department of Health and to the licensing representative of the Department of Social Services in the regional licensing office.

F. When recommendations are made by the Virginia Department of Health to prevent/control transmission of an infectious agent in the facility, the recommendations must be followed.

**PART III.
PERSONNEL.**

22 VAC 40-72-160. ~~Personnel policies and procedures (Repealed.)~~

~~A. The facility shall develop and keep current a written job description for each position in the facility. The job description shall include:~~

- ~~1. Job title;~~
- ~~2. Duties and responsibilities required of the position;~~
- ~~3. Job title of the immediate supervisor; and~~
- ~~4. Minimum knowledge, skills and abilities, experience, or educational or professional qualifications required for entry level.~~

~~B. Each staff person shall be given a copy of his current job description and of the facility's current organizational chart.~~

~~C. The facility shall develop and implement procedures for verifying current professional licensing, registration, provisional status of medication aides, or certification and training of staff.~~

~~D. The facility shall develop and implement procedures for annually evaluating staff performance.~~

~~E. Individual training needs and plans shall be a part of the performance evaluation.~~

22 VAC 40-72-170. Staff general qualifications.

A. All staff shall:

- ~~1. Be of good character and reputation;~~
- ~~2. Be physically and mentally capable of carrying out assigned responsibilities;~~
- ~~3. Be considerate and respectful of the rights, dignity and sensitivities of aged and disabled persons who are aged, infirm or disabled;~~
- ~~4. Be clean and well-groomed; and~~
2. Be able to speak, read, and write in English as necessary to carry out their job responsibilities, and

~~5~~ 3. Meet the requirements specified in the Regulation for Background Checks for Assisted Living Facilities and Adult Day Care Centers (22 VAC 40-90).

~~B. All staff shall be able to communicate effectively in English both orally and in writing as applicable to their job responsibilities.~~

22 VAC 40-72-180. Staff orientation and initial training.

A. The ~~training and~~ orientation and training required in subsections B and C of this section shall occur within the first seven working days of employment, ~~and~~ Until this orientation and training is completed, the staff person may only assume job responsibilities if unless under the sight supervision of a trained direct care staff person or administrator, ~~prior to assuming job responsibilities.~~

B. All staff shall be ~~trained in~~ oriented to:

1. The purpose of the facility;
2. The facility's organizational structure;
- ~~2~~ 3. The services provided;
- ~~3~~ 4. The daily routines;
- ~~4~~ 5. The facility's policies and procedures;
- ~~5~~ 6. Specific duties and responsibilities of their positions; and
- ~~6~~ 7. Required compliance with regulations for assisted living facilities as it relates to their duties and responsibilities.

C. All staff shall be trained in the relevant laws, regulations, and the facility's policies and procedures sufficiently to implement the following:

1. Emergency and disaster plans for the facility;
- ~~2. Techniques of complying with emergency and disaster plans including evacuating residents when applicable;~~
- ~~3~~ 2. Procedures for the handling of resident emergencies;
- ~~4~~ 3. Use of the first aid kit and knowledge of its location;

§ 4. Handwashing techniques, standard precautions, infection risk-reduction behavior, and other infection control measures specified in 22 VAC 40-72-90;

§ 5. Confidential treatment of personal information;

§ 6. ~~Observance of~~ Requirements regarding the rights and responsibilities of residents;

§ 7. Requirements and procedures for detecting and reporting suspected abuse, neglect, or exploitation of residents and for mandated reporters, the consequences for failing to make a required report. (Section 63.2-1606 of the Code of Virginia specifies requirements and procedures for reporting and consequences for not reporting.);

§ 8. Procedures for reporting and documenting incidents as required in 22 VAC 40-72-100;

§ 9. Methods of alleviating common adjustment problems that may occur when a resident moves from one residential environment to another; and

§ 10. For direct care staff, the needs, preferences and routines of the residents for whom they will provide care.

22 VAC 40-72-190. ~~(Repealed.)~~ Reports of abuse, neglect or exploitation

Each staff person shall report suspected abuse, neglect or exploitation of residents in accordance with § 63.2-1606 of the Code of Virginia.

22 VAC 40-72-191. Administrator qualifications.

A. The administrator shall be at least 21 years of age

B. The administrator shall be able to read and write, and understand this chapter.

C. The administrator shall be able to perform the duties and carry out the responsibilities required by this chapter.

D. For ~~facilities~~ a facility licensed for residential living care only, the administrator shall:

1. Be a high school graduate or shall have a General Education Development (GED) Certificate;

2. (i) Have successfully completed at least 30 credit hours of postsecondary education from a college or university accredited by an association recognized by the U.S. Secretary of Education. At least 15 of the 30 credit

hours shall be in business or human services or a combination thereof; or (ii) have successfully completed a department-approved course of study approved by the department that is specific to the administration of an assisted living facility; or (iii) a Bachelor's degree from a college or university accredited by an association recognized by the U.S. Secretary of Education; and

3. Have at least one year of administrative or supervisory experience in caring for adults in a residential group care facility.

EXCEPTIONS:

1. A nursing home administrator or an assisted living facility administrator licensed by the Virginia Board of Long-Term Care Administrators;
2. A licensed nurse who meets the experience requirements in subdivision 3 of this subsection; or
3. An administrator of an assisted living facility employed prior to ~~December 28, 2006~~ the effective date of these regulations, who met the requirements in effect when employed and who has been continuously employed as an assisted living facility administrator.

E. For ~~facilities~~ a facility licensed for both residential and assisted living care, the administrator shall be licensed as an assisted living facility administrator or nursing home administrator by the Virginia Board of Long-Term Care Administrators pursuant to Chapter 31 (§ 54.1-3100 et seq.) of Title 54.1 of the Code of Virginia and in conformance with 18 VAC 95-20 or 18 VAC 95-30 respectively.

22 VAC 40-72-200. (Repealed.)

22 VAC 40-72-201. Administrator provisions and responsibilities.

A. Each facility shall have an administrator of record.

B. ~~When~~ If an administrator ~~terminates employment~~ dies, resigns, is discharged, or becomes unable to perform his duties, the facility shall immediately employ a new administrator or appoint a qualified acting administrator ~~so that no lapse in administrator coverage occurs.~~

1. The facility shall notify the department's regional licensing office in writing within ~~10 working~~ 14 days of a change in a facility's administrator including, but not limited to, the resignation of an administrator, appointment of an acting administrator, and appointment of a new administrator, except that the time period for notification may differ as specified in subdivision 2 of this subsection.

2. ~~For facilities~~ A facility licensed for both residential and assisted living care, ~~the facility~~ shall immediately notify the Virginia Board of Long-Term Care Administrators and the department's regional licensing office that a new licensed administrator has been employed or that the facility is operating without an administrator licensed by the Virginia Board of Long-Term Care Administrators, whichever is the case, and provide the last date of employment of the previous licensed administrator.

3. ~~For facilities~~ a facility licensed for both residential and assisted living care, when an acting administrator is named, he shall notify the department's regional licensing office of his employment, and if he is intending to assume the position permanently, submit a completed application for an approved administrator-in-training program to the Virginia Board of Long-Term Care Administrators within 10 days of employment.

4. ~~For facilities~~ a facility licensed for both residential and assisted living care, the acting administrator shall be qualified by education for an approved administrator-in-training program and have a minimum of one year of administrative or supervisory experience in a health care or long-term care facility or have completed such a program and be awaiting licensure.

5. A facility licensed for residential living care only may be operated by an acting administrator for no more than 90 days from the last date of employment of the administrator.

~~5~~ 6. A facility licensed for both residential and assisted living care ~~A facility~~ may be operated by an acting administrator for no more than 150 days, or not more than 90 days if the acting administrator has not applied for licensure, from the last date of employment of the licensed administrator.

EXCEPTION: An acting administrator may be granted one extension of up to 30 days in addition to the 150 days, as specified in this subdivision, upon written request to the department's regional licensing office. An extension may only be granted if the acting administrator (i) has applied for licensure as a long-term care administrator pursuant to Chapter 31 (§ 54.1-3100 et seq.) of Title 54.1 of the Code of Virginia, (ii) has completed the administrator-in-training program, and (iii) is awaiting the results of the national examination. If a 30-day extension is granted, the acting administrator shall immediately submit written notice of such to the Virginia Board of Long-Term Care Administrators. In no case shall a facility be operated with an acting administrator for more than 180 days, including the 30-day extension, from the last date of employment of a licensed administrator.

7. A person may not become an acting administrator at any assisted living facility if the Virginia Board of Long-Term Care Administrators has refused to issue or renew, suspended or revoked his assisted living facility or nursing home administrator license.

~~6~~ 8. A facility may not operate under the supervision of an acting administrator pursuant to §§ 54.1-3103.1 and 63.2-1803 of the Code of Virginia more than one time during any two-year period unless authorized to do so by the department.

C. The administrator shall be responsible for the general administration and management of the facility and shall oversee the day-to-day operation of the facility. This shall include, but shall not be limited to, responsibility for:

1. Ensuring that care is provided to residents in a manner that protects their health, safety and well-being;

~~4~~ 2. Maintaining compliance with applicable laws and regulations;

~~2~~ 3. Developing and implementing all policies, procedures and services as required by this chapter;

~~3~~ 4. Ensuring staff and volunteers comply with residents' rights;

~~4~~ 5. Maintaining buildings and grounds;

~~5~~ 6. Recruiting, hiring, training, and supervising staff; and

~~6~~ 7. Ensuring the development, implementation, and monitoring of an individualized service plan for each resident, except that a plan is not required for a resident with independent living status.

D. The administrator shall report to the Director of the Department of Health Professions information required by and in accordance with § 54.1-2400.6 of the Code of Virginia regarding any person (i) licensed, certified, or registered by a health regulatory board or (ii) holding a multistate licensure privilege to practice nursing or an applicant for licensure, certification, or registration. Information required to be reported, under specified circumstances includes, but is not limited to, substance abuse and unethical or fraudulent conduct.

E. For ~~facilities~~ a facility licensed for residential living care only, either the administrator or a designated assistant who meets the qualifications of the administrator shall be awake and on duty on the premises at least 40 hours per week with no fewer than 24 of those hours being during the day shift on ~~week-days~~ weekdays.

EXCEPTIONS:

1. 22 VAC 40-72-220 allows a shared administrator for smaller facilities.
2. If the administrator is licensed as an assisted living facility administrator or nursing home administrator by the Virginia Board of Long-Term Care Administrators, the provisions regarding the administrator in subsection F of this section apply. ~~When such is the case, there is no requirement for a designated assistant.~~

F. ~~For facilities~~ a facility licensed for both residential and assisted living care, an administrator licensed by the Virginia Board of Long-Term Care Administrators, as specified in 22 VAC 40-72-191 E, shall serve on a full-time basis as the on-site agent of the licensee and shall be responsible ~~on a full-time basis~~ for the day-to-day administration and management of the facility, except as provided in 22 VAC 40-72-220. The licensed administrator shall be awake and on duty on the premises at least 40 hours per week with no fewer than 24 of those hours being during the day shift on weekdays.

EXCEPTIONS:

1. 22 VAC 40-72-220 allows a shared administrator for smaller facilities.
2. A designated assistant administrator may be awake and on duty on the premises instead of the administrator for up to 240 hours annually if the administrator is ill or on vacation. The designated assistant administrator must (i) be qualified by education for an approved administrator-in-training program as specified in Regulations Governing the Practice of Assisted Living Facility Administrators (18 VAC 95-30) and have a minimum of one year of administrative or supervisory experience in a health care or long-term care facility; or (ii) have completed such a program and be awaiting licensure.

G. The administrator, acting administrator or, ~~as allowed in subsection E of this section,~~ designated assistant administrator shall not be a resident of the facility.

H. ~~The facility shall maintain a written work schedule of the on-site presence of the administrator and, if applicable, the designated assistant or, as provided for in 22 VAC 40-72-220 and 22 VAC 40-72-230, the manager.~~

1. ~~Any changes shall be noted on the schedule.~~
2. ~~The facility shall maintain a copy of the schedule for two years.~~

22 VAC 40-72-210. Administrator training.

A. For ~~facilities~~ a facility licensed for residential living care only, the administrator shall attend at least 20 hours of training related to management or operation of a residential facility for adults or relevant to the population in care within 12 months from the date of employment and annually thereafter from that date. At least two of the required 20 hours of training shall focus on infection control and prevention, and when adults with mental impairments reside in the facility, at least five ~~five~~ six of the required 20 hours of training shall focus on topics related to residents' mental impairments. Documentation of attendance shall be retained at the facility and shall include ~~title of course~~ type of training, name of the entity that provided the training, date and number of hours.

EXCEPTION: If the administrator is licensed as an assisted living facility administrator or nursing home administrator by the Virginia Board of Long-Term Care Administrators, subsection B of this section applies rather than subsection A of this section.

B. For ~~facilities~~ a facility licensed for both residential and assisted living care, the administrator shall meet the continuing education requirements for licensure as an assisted living facility or nursing home administrator, whichever is applicable.

C. Any administrator who has not previously undergone the training specified in 22 VAC 40-72-50 D shall be required to complete that training within two months of employment as administrator of the facility. The training may be counted toward the annual training requirement for the first year, except that for licensed administrators, whether the training counts toward continuing education and for what period of time depends upon the administrator licensure requirements.

EXCEPTION: Administrators employed prior to December 28, 2006, are not required to complete this training.

D. Administrators who supervise medication aides, but are not registered medication aides themselves. ~~If medication is administered to residents by medication aides as allowed in 22 VAC 40-72-660 1 b and 2, the administrator shall successfully complete a training program approved by the Virginia Board of Nursing for the registration of medication aides. The training program for such administrators who supervise medication aides, but are not registered medication aides themselves, must include a minimum of 68 hours of student instruction and training, but need not include the prerequisite for the program or the written examination for registration. The training shall be completed within four months of employment as an administrator prior to supervising medication aides and may be counted toward the annual training requirement for the first year in subsection A of this section, except that for licensed administrators, whether the training counts toward continuing education and for what period of time depends upon the administrator licensure requirements. The following exceptions apply:~~

1. The administrator is licensed by the Commonwealth of Virginia to administer medications; or
2. Medication aides are supervised by an individual employed full time at the facility who is licensed by the Commonwealth of Virginia to administer medications.

E. Administrators who have completed the training program specified in subsection D of this section, who supervise medication aides, shall be required to annually have (i) four hours of training in medication administration specific to the facility population or (ii) a refresher course in medication administration offered by a Virginia Board of Nursing approved program. Administrators are exempt from this annual medication training or refresher course during the first year after completion of the training program noted in subsection D of this section. This annual medication administration training or course may not be counted toward the annual training requirement specified in subsection A of this section. For licensed administrators, whether the training counts toward continuing education and for what period of time depends upon the administrator licensure requirements.

F. If a designated assistant administrator, as allowed in 22 VAC 40-72-201 E and F supervises medication aides, the requirements of 22 VAC 40-72-210 D and E apply to the designated assistant administrator.

22 VAC 40-72-220. Shared administrator for smaller facilities.

~~A. For facilities licensed for residential living care only,~~ The administrator may be awake and on duty on the premises of a facility for fewer than the minimum 40 hours per week, without a designated assistant, under the following conditions:

1. The administrator shall serve no more than four facilities.
2. The combined total licensed capacity of the facilities served by the administrator shall be 40 or fewer residents.
3. The administrator shall be awake and on duty on the premises of each facility served for at least 10 hours a week.
4. The administrator shall serve as a full-time administrator, i.e., shall be awake and on duty on the premises of all facilities served for a combined total of at least 40 hours a week.
5. Each of the facilities served shall be within a 30-minute average one way travel time of the other facilities.

6. When not present at a facility, the administrator shall be on call to that facility during the hours he is working as an administrator and shall maintain such accessibility through suitable communication devices.

7. A designated assistant, as provided for in 22 VAC 40-72-201 E and the second exception to 22 VAC 40-72-201 F, may act in place of the administrator during the required minimum of 40 hours only if the administrator is ill or on vacation and for a period of time that shall not exceed four consecutive weeks. In addition, for a facility licensed for both residential and assisted living care, the designated assistant is limited to no more than 240 hours annually. ~~The designated assistant shall meet the qualifications of the administrator.~~

8. Each of the facilities served shall have a manager, designated and supervised by the administrator. The manager shall be awake and on duty on the premises of the facility for the remaining part of the 40 required hours per week when the administrator or designated assistant as permitted in subdivision 7 of this subsection is not present at the facility. The manager shall meet the following qualifications and requirements:

- a. The manager shall be at least 21 years of age.
- b. The manager shall be able to read and write, and understand this chapter.
- c. The manager shall be able to perform the duties and to carry out the responsibilities of his position.
- d. The manager shall:
 - (1) Be a high school graduate or shall have a General Education Development (GED) Certificate;
 - (2) Have successfully completed (i) at least 30 credit hours of postsecondary education from a college or university accredited by an association recognized by the U.S. Secretary of Education. At least 15 of the 30 credit hours shall be in business or human services or a combination thereof; or (ii) a department-approved course of study of 40 or fewer more hours approved by the department that is specific to the management of an assisted living facility; or (iii) a Bachelor's degree from a college or university accredited by an association recognized by the U.S. Secretary of Education; and
 - (3) Have at least one year of administrative or supervisory experience in caring for adults in a residential group care facility.

EXCEPTIONS:

1.A licensed nurse who meets the experience requirements in subdivision (3) of this subdivision d.

2.A manager of an assisted living facility employed prior to the effective date of these regulations, who met the requirements in effect when employed and who has been continuously employed as an assisted living facility manager.

e. The manager shall not be a resident of the facility.

9. The manager shall complete the training specified in 22 VAC 40-72-50 D within two months of employment as manager. The training may be counted toward the annual training requirement for the first year.

10. The manager shall attend at least ~~46~~ 20 hours of training related to management or operation of a residential facility for adults or relevant to the population in care within each 12-month period. When adults with mental impairments reside in the facility, at least ~~four~~ six of the required ~~46~~ 20 hours of training shall focus on topics related to residents' mental impairments and at least two of the required 20 hours on infection control and prevention. Documentation of attendance shall be retained at the facility and shall include title of course, name of the entity that provided the training, date and number of hours.

11. There shall be a written management plan for each facility that includes written policies and procedures that describe how the administrator shall oversee the care and supervision of the residents and the day-to-day operation of the facility.

12. The minimum of 40 hours per week required for the administrator or manager to be awake and on duty on the premises of a facility shall include at least 24 hours during the day shift on ~~week days~~ weekdays.

~~EXCEPTION: If the administrator is licensed as an assisted living facility administrator or nursing home administrator by the Board of Long-Term Care Administrators, the provisions in subsection B of this section apply rather than subsection A of this section.~~

~~B. For facilities licensed for both residential and assisted living care, the administrator, as the on-site agent of the licensee or licensees, may be responsible for the day-to-day administration and management of multiple facilities under the following conditions:~~

- ~~1. The administrator shall serve no more than four facilities.~~
- ~~2. The combined total licensed capacity of the facilities served by the administrator shall be 40 or fewer residents.~~
- ~~3. The administrator shall serve on a full time basis, proportioning his time among all the facilities served in order to ensure that he provides sufficient administrative and management functions to each facility.~~
- ~~4. Each of the facilities served shall be within a 30 minute average one way travel time of the other facilities.~~
- ~~5. When not present at a facility, the administrator shall be on call to that facility during the hours he is working as an administrator and shall maintain such accessibility through suitable communication devices.~~
- ~~6. Each of the facilities served shall have a manager, designated and supervised by the administrator, to assist the administrator in overseeing the care and supervision of the residents and the day-to-day operation of the facility. The majority of the time, the administrator and the manager shall be present at a facility at different times to ensure appropriate oversight of the facility. The manager shall meet the qualifications and requirements specified in subdivisions A 8 through 11 of this section.~~

~~EXCEPTION: in regard to A 8, the reference to 40 hours is not relevant to a facility to which this subsection applies, i.e., a facility licensed for both residential and assisted living care.~~

- ~~7. There shall be a written management plan for each facility that includes written policies and procedures that describe how the administrator shall oversee the care and supervision of the residents and the day-to-day operation of the facility.~~

~~C B.~~ This section shall not apply to an administrator who serves both an assisted living facility and a nursing home as provided for in 22 VAC 40-72-230.

22 VAC 40-72-230. Administrator of both assisted living facility and nursing home.

A. Any person meeting the qualifications for a licensed nursing home administrator pursuant to § 54.1-3103 of the Code of Virginia may serve as the administrator of both an assisted living facility and a licensed nursing home, provided the assisted living facility and licensed nursing home are part of the same building and the requirements of subsections B and C of this section are met.

B. Whenever an assisted living facility and a licensed nursing home have a single administrator, there shall be a written management plan that addresses the care and

supervision of the assisted living facility residents. The management plan shall include, but not be limited to, the following:

1. Written policies and procedures that describe how the administrator will oversee the care and supervision of the residents and the day-to-day operation of the facility;
2. If the administrator does not provide the direct management of the assisted living facility or only provides a portion thereof, the plan shall specify a designated individual who shall serve as manager and who shall be supervised by the administrator.

C. The manager referred to in subdivision B 2 of this section shall be on-site and meet the qualifications and requirements of 22 VAC 40-72-220 A 8 through 44 10.

EXCEPTION: A manager employed prior to December 28, 2006, who met the requirements in effect when employed and who has been continuously employed as a manager is excepted from 22 VAC 40-72-220 A ~~8 a, 8 d, and 9~~.

22 VAC 40-72-240. Designated direct care staff person in charge.

A. When the administrator, ~~or the designated assistant, who meets the qualifications of the administrator as allowed in this chapter, or the manager, as allowed in this chapter, who meets the qualifications specified in 22 VAC 40-72-220 or 22 VAC 40-72-230~~ is not awake and on duty on the premises, there shall be a designated direct care staff member in charge on the premises, ~~who has specific duties and responsibilities as determined by the administrator.~~

EXCEPTION: When no residents are present at the facility, the designated staff person in charge does not have to be on the premises.

B. The specific duties and responsibilities of the designated direct care staff member in charge shall be determined by the administrator.

~~B~~ C. Prior to being placed in charge, the staff member shall be informed of and receive training on his duties and responsibilities, and be provided written documentation of such duties and responsibilities.

~~C~~ D. The staff member shall be awake and on duty on the premises while in charge.

~~D~~ E. The staff member in charge shall be capable of protecting the physical and mental well-being of the residents.

~~E~~ F. The administrator shall ensure that the staff member in charge is prepared to carry out his duties and responsibilities and respond appropriately in case of an emergency.

~~F~~ G. The staff member in charge shall not be a resident of the facility.

~~G. There shall be a written schedule of when the designated staff person is in charge that includes the name of the person in charge.~~

~~1. Any changes shall be noted on the schedule.~~

~~2. The facility shall maintain a copy of the schedule for two years.~~

22 VAC 40-72-250. Direct care staff qualifications.

A. Direct care staff shall be at least 18 years of age unless certified in Virginia as a nurse aide.

B. Direct care staff who are responsible for caring for residents with special health care needs shall only provide services within the scope of their practice and training.

C. ~~In facilities licensed for both residential and assisted living care, all Direct care staff who care for residents who meet the criteria for assisted living care shall have satisfactorily completed~~ met one of the following requirements, or within 30 days of employment shall enroll in and successfully ~~complete~~ meet one of the following requirements within two months of employment ~~a, training program consistent with department requirements, except as noted in subsections D and E of this section.~~ Department requirements shall be met in one of the following ~~five~~ seven ways:

1. ~~Registration in Virginia as a certified nurse aide~~ Certification as a nurse aide issued by the Virginia Board of Nursing.

2. ~~Graduation from~~ Successful completion of a Virginia Board of Nursing-approved educational curriculum from a ~~Virginia Board of Nursing accredited institution for nursing assistant, geriatric assistant or home health aide~~ nurse aide education program.

3. Successful completion of a nursing education program preparing for registered nurse licensure or practical nurse licensure.

4. Current enrollment in a nursing education program preparing for registered nurse or practical nurse licensure and completion of at least one clinical course in the nursing program that includes at least 40 hours of direct client care clinical experience.

~~3~~ 5. ~~Graduation from~~ Successful completion of a personal care aide training program approved by the Virginia Department of Medical Assistance Services.

~~4 6.~~ Graduation from a department-approved Successful completion of an educational curriculum program for nursing assistant geriatric assistant or home health aide or for nurse aide that is not covered under subdivision 2 of this subsection. The curriculum program is provided by a hospital, nursing facility, or educational institution ~~not approved by the Virginia Board of Nursing, e.g.,~~ and may include out-of state curriculum training. The program must be approved by the department. To obtain department approval:

- a. The facility shall provide to the department's representative an outline of the course content, dates and hours of instruction received, the name of the entity that provided the training, and other pertinent information.
- b. The department will make a determination based on the above information and provide written confirmation to the facility when the ~~course~~ educational program meets department requirements.

~~5 7.~~ Successful completion of the department-approved 40-hour direct care staff training provided by a ~~licensed health care professional acting within the scope of the requirements of his profession~~ registered nurse or licensed practical nurse.

EXCEPTIONS:

1. Direct care staff employed prior to the effective date of these regulations who did not care for residents meeting the criteria for assisted living care, and who were therefore not required to meet this subsection at that time, shall successfully complete a training program consistent with department requirements no later than one year after the effective date of these standards.

2. Direct care staff of the facility employed prior to February 1, 1996, shall not be required to complete the training in this subsection if they (i) have been continuously employed as direct care staff in the facility since then and (ii) have demonstrated competency on a skills checklist dated and signed no later than February 1, 1997, by a licensed health care professional practicing within the scope of his profession.

~~D 3.~~ Licensed health care professionals ~~acting~~ practicing within the scope of the ~~requirements of their profession~~ are not required to complete the training in this subsection ~~C of this section.~~

~~E. Direct care staff of the facility employed prior to February 1, 1996, shall not be required to complete the training in subsection C of this section if they (i) have been continuously employed as direct care staff in the facility since then and (ii) have demonstrated competency on a skills checklist dated and signed no later than February 1, 1997, by a licensed health care professional acting within the scope of the requirements of his profession.~~

~~F D.~~ In respect to the requirements of subsection C of this section, the facility shall obtain a copy of the certificate issued to the certified nurse aide, the nursing assistant, geriatric assistant or home health aide, personal care aide, or other documentation indicating the department approved 40-hour direct care staff training has been successfully completed that the person has met one of the requirements of the subsection. The copy of the certificate or the appropriate documentation shall be retained in the staff member's file.

~~G E.~~ The administrator shall develop and implement a written plan for supervision of direct care staff who have not yet successfully completed the training program met the requirements as allowed for in subsection C of this section.

22 VAC 40-72-260. Direct care staff training.

A. In ~~facilities~~ a facility licensed for residential living care only, all direct care staff shall attend at least ~~eight~~ 14 hours of training annually (in addition to (i) required first aid training; (ii) CPR training, if taken; and (iii) for medication aides, continuing education required by the Virginia Board of Nursing). Training for the first year shall commence no later than 60 days after employment.

1. The training shall be relevant to the population in care and shall be provided by a qualified individual through in-service training programs or institutes, workshops, classes, or conferences.
2. At least two of the required 14 hours of training shall focus on infection control and prevention, and when adults with mental impairments reside in the facility, at least two ~~four~~ of the required eight ~~14~~ hours of training shall focus on the resident who is mentally impaired topics related to residents' mental impairments.
3. Documentation of the type of training received, the entity that provided the training, number of hours of training, and dates of the training shall be kept by the facility in a manner that allows for identification by individual staff person and is considered part of the staff member's record.

B. In ~~facilities~~ a facility licensed for both residential and assisted living care, all direct care staff shall attend at least ~~46~~ 18 hours of training annually (in addition to (i) required

first aid training; (ii) CPR training, if taken; and (iii) for medication aides, continuing education required by the Virginia Board of Nursing). Training for the first year shall commence no later than 60 days after employment.

1. The training shall be relevant to the population in care and shall be provided by a qualified individual through in-service training programs or institutes, workshops, classes, or conferences.
2. At least two of the required 18 hours of training shall focus on infection control and prevention, and when adults with mental impairments reside in the facility, at least four of the required 16 18 hours of training shall focus on the resident who is mentally impaired topics related to residents' mental impairments.
3. Documentation of the type of training received, the entity that provided the training, number of hours of training, and dates of the training shall be kept by the facility in a manner that allows for identification by individual staff person and is considered part of the staff person's record.

EXCEPTION: Direct care staff who are licensed health care professionals or certified nurse aides shall attend at least 12 hours of annual training.

22 VAC 40-72-265. Private duty personnel.

A. When private duty personnel from licensed home care organizations provide direct care or companion services to residents in an assisted living facility, the following applies:

1. Before direct care or companion services are initiated, the facility shall obtain, in writing, information on the type and frequency of the services to be delivered to the resident by private duty personnel, review the information to determine if it is acceptable, and provide notification to the home care organization regarding any needed changes.
2. The direct care or companion services provided by private duty personnel to meet identified needs shall be reflected on the resident's individualized service plan.
3. The facility shall ensure that the requirements of 22 VAC 40-72-290 D 1 – 4 regarding tuberculosis are applied to private duty personnel and that the required reports are maintained by the facility or the licensed home care organization, based on written agreement between the two.
4. The facility shall provide orientation and training to private duty personnel regarding its policies and procedures related to their duties.

5.The facility shall ensure that documentation of resident care required by this chapter is maintained.

6.The facility shall monitor the delivery of direct care and companion services to the resident by private duty personnel.

B. When private duty personnel who are not employees of a licensed home care organization provide direct care or companion services to residents in an assisted living facility, the requirements listed under subdivisions 2 through 6 in subsection A of this section apply. In addition, before direct care or companion services are initiated, the facility shall:

1. Obtain, in writing, information on the type and frequency of the services to be delivered to the resident by private duty personnel, review the information to determine if it is acceptable, and provide notification to whoever has hired the private duty personnel regarding any needed changes.

2. Ensure that private duty personnel are qualified for the types of direct care or companion services they are responsible for providing to residents and maintain documentation of the qualifications.

3.Review an original criminal history record report issued by the Central Criminal Records Exchange, Virginia Department of State Police for each private duty personnel.

a.The report must be submitted by private duty personnel prior to initiation of services.

b.The date of the report must be no more than 90 days prior to the date of initiation of services.

c.The administrator shall determine conformance to facility policy regarding private duty personnel and criminal history to protect the welfare of residents. The policy must be in writing.

d. The report and documentation that it was reviewed shall be maintained at the facility.

C. The requirements of subsections A and B of this section shall not apply to private duty personnel who only provide skilled nursing treatments as specified in 22 VAC 40-72-460 B. However, depending upon the circumstances, there may be other sections of this chapter that apply in such cases, e.g., inclusion on the resident's individualized service plan.

22 VAC 40-72-270. Staff duties performed by residents.

A. Any resident who performs any staff duties shall meet the personnel and health requirements for that position.

B. There shall be a written agreement between the facility and any resident who performs staff duties.

1. The agreement shall specify duties, hours of work, and compensation.
2. The agreement shall not be a condition for admission or continued residence.
3. The resident shall enter into such an agreement voluntarily.

22 VAC 40-72-280. Volunteers.

A. Any volunteers used shall:

1. Have qualifications appropriate to the services they render; and
2. Be subject to laws and regulations governing confidential treatment of personal information.

B. No volunteer shall be permitted to serve in an assisted living facility without the permission of or unless under the supervision of a person who has received a criminal record clearance pursuant to § 63.2-1720 of the Code of Virginia.

C. The facility shall maintain the following ~~written~~ documentation on volunteers:

1. Name.
2. Address.
3. Telephone number.
4. Emergency contact information.
5. Information on any qualifications, orientation, training, and education required by this chapter, including any specified relevant information;

D. Duties and responsibilities of all volunteers shall be clearly differentiated from those of persons regularly filling staff positions.

E. At least one staff person shall be assigned responsibility for coordinating volunteer services, including overall selection, supervision and orientation of volunteers.

F. Prior to beginning volunteer service, all volunteers shall attend an orientation including information on their duties and responsibilities, resident rights, confidentiality, emergency procedures, infection control, the name of their supervisor, and reporting requirements, and sign and date a statement that they have received and understood this information.

G. All volunteers shall be under the ~~direct~~ supervision of a designated staff person when residents are present.

22 VAC 40-72-290. Staff records and health requirements.

A. A record shall be established for each staff person. It shall not be destroyed until at least two years after employment is terminated.

B. All staff records shall be retained at the facility, treated confidentially, and kept in a locked area, ~~and made available for inspection by the department's representative upon request.~~

EXCEPTION: Emergency contact information required by subdivision C 44 10 of this section shall also be kept in an easily accessible place.

C. Personal and social data to be maintained on staff and included in the staff record are as follows:

1. Name;
2. Birthdate;
3. Current address and telephone number;
4. ~~Social security number;~~
- 5 4. Position title, ~~job description~~ and date employed;
- 6 5. Verification that the staff person has received a copy of his current job description ~~and the organizational chart;~~
7. ~~Most recent previous employment;~~
8. ~~For persons employed after November 9, 1975, copies of at least two references or notations of verbal references, obtained prior to employment, reflecting the date of the reference, the source and the content;~~
- 9 6. An original criminal record report and a sworn disclosure statement;

~~40 7. Previous experience or training or both~~ Documentation of qualifications for employment related to the staff person's position, including any specified relevant information;

~~44 8. Verification of current professional license, certification, registration, medication aide provisional authorization,~~ or completion of a required approved training course;

~~42. Annual staff performance evaluations;~~

~~43. Any disciplinary action taken;~~

~~44 9. Name and telephone number of person to contact in an emergency;~~

~~45 10. Documentation of formal training received following employment, including orientation, in-services and workshops~~ orientation, training, and education required by this chapter, including any specified relevant information; and

~~46 11. Date and reason for of termination of employment, when applicable.~~

D. Health information required by these standards shall be maintained at the facility and be included in the staff record for ~~the administrator and each staff person,~~ and also shall be maintained at the facility for each household member who comes in contact with residents.

1. Initial tuberculosis examination and report.

a. Each staff person on or within seven days prior to the first day of work at the facility and each household member prior to coming in contact with residents shall submit the results of a risk assessment, documenting the absence of tuberculosis in a communicable form as evidenced by the completion of the current screening form published by the Virginia Department of Health or a form consistent with it. ~~The risk assessment shall be no older than 30 days.~~

b. ~~An evaluation shall not be required for a staff person who (i) has separated from employment with a facility or agency licensed or certified by the Commonwealth of Virginia, (ii) has a break in service of six months or less, and (iii) submits a copy of the original statement of tuberculosis screening to his new employer. The risk assessment shall be no older than 30 days.~~

2. Subsequent tuberculosis evaluations and reports.

- a. Any staff person or household member required to be evaluated who comes in contact with a known case of infectious tuberculosis shall be screened as determined appropriate based on consultation with the local health department.
 - b. Any staff person or household member required to be evaluated who develops chronic respiratory symptoms of three weeks duration shall be evaluated immediately for the presence of infectious tuberculosis.
 - c. Each staff person or household member required to be evaluated shall annually submit the results of a risk assessment, documenting that the individual is free of tuberculosis in a communicable form as evidenced by the completion of the current screening form published by the Virginia Department of Health or a form consistent with it.
3. Any individual suspected to have infectious tuberculosis shall not be allowed to return to work or have any contact with the residents and personnel of the facility until a physician has determined that the individual is free of infectious tuberculosis.
4. The facility shall report any active case of tuberculosis developed by a staff person or household member required to be evaluated to the local health department.

E. Record of any vaccinations and immunizations received as noted in 22 VAC 40-72-155 D.

~~E~~ F. At the request of the administrator of the facility or the department, a report of examination by a licensed physician shall be obtained when there are indications that the safety of residents in care may be jeopardized by the physical or mental health of a staff person or household member.

~~F~~ G. Any staff person or household member who, upon examination or as a result of tests, shows indication of a physical or mental condition that may jeopardize the safety of residents in care or that would prevent performance of duties:

1. Shall be removed immediately from contact with residents; and
2. Shall not be allowed contact with residents until the condition is cleared to the satisfaction of the examining physician as evidenced by a signed statement from the physician.

22 VAC 40-72-300. First aid and CPR certification.

~~A. There shall be at least one staff person on the premises at all times who has current certification in first aid from the American Red Cross, American Heart Association, National Safety Council, American Safety and Health Institute, or who has current first aid certification issued within the past three years by a community college, a hospital, a volunteer rescue squad, a fire department, or other designated program approved by the department, unless the facility has an on-duty registered nurse or licensed practical nurse. The certification must either be in Adult First Aid or include Adult First Aid.~~

~~B. There shall be at least one staff person on the premises at all times who has current certification in cardiopulmonary resuscitation (CPR) from the American Red Cross, American Heart Association, National Safety Council, American Safety and Health Institute, or who has current CPR certification issued within the past two years by a community college, a hospital, a volunteer rescue squad, a fire department, or other designated program approved by the department. The certification must either be in Adult CPR or include Adult CPR.~~

~~C. Each direct care staff member shall receive certification in first aid from an organization listed in subsection A of this section and maintain current certification in first aid as specified in subsection A of this section unless the direct care staff member is a registered nurse or licensed practical nurse. The certification must either be in Adult First Aid or include Adult First Aid.~~

~~1. Staff employed on or after December 28, 2006, shall receive the certification within 60 days of employment.~~

~~2. Staff employed prior to December 28, 2006, who do not have current certification in first aid, shall receive the certification within 60 days of December 28, 2006.~~

~~This subsection does not negate the requirement of subsection A to have at least one staff member on the premises at all times who has current certification in first aid, unless the facility has an on-duty registered nurse or licensed practical nurse.~~

~~D. In facilities licensed for over 100 residents, at least one additional staff person who meets the requirements of subsection B of this section shall be available for every 100 residents, or portion thereof. More staff persons who meet the requirements in subsection B of this section shall be available if necessary to assure quick access to residents in the event of the need for CPR.~~

A. First aid.

1. Each direct care staff member shall receive certification in first aid within 60 days of employment from the American Red Cross, American Heart Association, National

Safety Council, American Safety and Health Institute, community college, hospital, volunteer rescue squad, or fire department. The certification must either be in Adult First Aid or include Adult First Aid.

2. Each direct care staff member shall maintain current certification in first aid from an organization listed in subdivision 1 above. To be considered current, first aid certification from community colleges, hospitals, volunteer rescue squads or fire departments shall have been issued within the past three years. The certification must either be in Adult First Aid or include Adult First Aid.

EXCEPTION: A direct care staff member who is a registered nurse or licensed practical nurse does not have to meet the requirements of subdivisions 1 and 2 of this subsection.

3. There shall be at least one staff person on the premises at all times who has current certification in first aid that meets the specifications of this section, unless the facility has an on-duty registered nurse or licensed practical nurse.

B. Cardiopulmonary resuscitation (CPR).

1. There shall be at least one staff person on the premises at all times who has current certification in CPR from the American Red Cross, American Heart Association, National Safety Council, American Safety and Health Institute, or who has current CPR certification issued within the past two years by a community college, hospital, volunteer rescue squad, or fire department. The certification must either be in Adult CPR or include Adult CPR.

2. In facilities licensed for over 50 residents, at least one additional staff person who meets the requirements of subdivision 1 of this subsection shall be available for every 50 residents, or portion thereof. More staff persons who meet the requirements in subdivision 1 of this section shall be available if necessary to assure quick access to residents in the event of the need for CPR.

E C. A listing of all staff who have current certification in first aid or CPR, in conformance with subsections ~~A, B, C, and D~~ A and B of this section shall be posted in the facility so that the information is readily available to all staff at all times. The listing must indicate by staff person whether the certification is in first aid or CPR or both and must be kept up to date.

F D. A staff person with current certification in first aid and CPR shall be present for the duration of facility-sponsored activities off the facility premises, when facility staff are responsible for oversight of one or more residents during the activity.

22 VAC 40-72-310. Direct care staff training when aggressive or restrained residents are in care.

The following training is required for staff in assisted living facilities that accept, or have in care, residents who are or who may be aggressive or restrained:

1. Aggressive residents.

a. Direct care staff shall be trained in methods of dealing with residents who have a history of aggressive behavior or of dangerously agitated states prior to being involved in the care of such residents.

b. This training shall include, at a minimum, information, demonstration, and practical experience in self-protection and in the prevention and de-escalation of aggressive behavior.

2. Restrained residents.

a. Prior to being involved in the care of residents in restraints, direct care staff shall be appropriately trained in caring for the health needs of such residents.

b. This training shall include, at a minimum, information, demonstration and experience in:

(1) The proper techniques for applying and monitoring restraints;

(2) Skin care appropriate to prevent redness, breakdown, and decubiti;

(3) Active and active assisted range of motion to prevent contractures;

(4) Assessment of blood circulation to prevent obstruction of blood flow and promote adequate blood circulation to all extremities;

(5) Turning and positioning to prevent skin breakdown and keep the lungs clear;

(6) Provision of sufficient bed clothing and covering to maintain a normal body temperature;

(7) Provision of additional attention to meet the physical, mental, emotional, and social needs of the restrained resident; and

(8) Awareness of possible risks associated with restraint use and methods of reducing or eliminating such risks.

3. The training described in subdivisions 1 and 2 of this section shall meet the following criteria:

a. Training shall be provided by a qualified health professional.

b. A written description of the content of this training, a notation of the entity providing the training and the names of direct care staff receiving the training shall be maintained by the facility except that, if the training is provided by the department, only a listing of direct care staff trained and the date of training are required.

4. Refresher training for all direct care staff shall be provided at least annually or more often as needed.

a. The refresher training shall encompass the techniques described in subdivision 1 or 2 of this section, or both.

b. A record of the refresher training and a description of the content of the training shall be maintained by the facility.

PART IV. STAFFING AND SUPERVISION.

22 VAC 40-72-320. Staffing.

A. The assisted living facility shall have staff adequate in knowledge, skills, and abilities and sufficient in numbers to provide services to attain and maintain the physical, mental and psychosocial well-being of each resident as determined by resident assessments and individualized service plans, and to assure compliance with this chapter.

B. The assisted living facility shall maintain a written plan that specifies the number and type of direct care staff required to meet the day-to-day, routine direct care needs and any identified special needs for the residents in care. This plan ~~will not be fee-based but~~ shall be directly related to actual resident acuity levels and individualized care needs.

C. There shall be an adequate number of staff persons on the premises at all times to implement the approved fire and emergency evacuation plan.

D. There shall be at least one direct care staff member awake and on duty at all times in each building when at least one resident is present.

EXCEPTION: For a facility licensed for residential living care only, in buildings that house 19 or fewer residents, the staff member on duty does not have to be awake during the night if (i) none of the residents requires a staff member awake and on duty at night and (ii) the facility ensures compliance with the requirements of 22 VAC 40-72-910 C.

~~E. Written work schedules shall be maintained and shall indicate the names and job classifications of all staff working each shift. Schedules shall indicate absences and substitutions. Schedules shall be retained for at least two years.~~

22 VAC 40-72-325. Work schedule and posting.

A. The facility shall maintain a written work schedule that includes the names and job classifications of all staff working each shift, with an indication of whoever is in charge at any given time.

1. Any absences, substitutions, or other changes shall be noted on the schedule.

2. The facility shall maintain a copy of the schedule for two years.

B. The facility shall develop and implement a procedure for posting the name of the current on-site person in charge, as provided for in this chapter, in a place in the facility that is conspicuous to the residents and the public.

22 VAC 40-72-330. Communication among staff.

A. Procedures shall be established and reviewed with staff for communication among administrators, designated assistant administrators, managers, and designated staff persons in charge, as applicable to a facility, to ensure stable operations and sound transitions.

B. A method of written communication shall be utilized as a means of keeping direct care staff on all shifts informed of significant happenings or problems experienced by residents, including complaints, incidents or injuries related to physical or mental conditions. ~~A record shall be kept of the written communication for at least the past two years.~~

1. A record shall be kept of the written communication for at least the past two years.

2. The information shall be included in the records of the involved residents.

PART V.

ADMISSION, RETENTION AND DISCHARGE OF RESIDENTS.

22 VAC 40-72-340. Admission and retention of residents.

A. No resident shall be admitted or retained:

1. For whom the facility cannot provide or secure appropriate care;
2. Who requires a level of care or service or type of service for which the facility is not licensed or which the facility does not provide; or
3. If the facility does not have staff appropriate in numbers and with appropriate skill to provide the care and services needed by the resident.

B. Assisted living facilities shall not admit an individual before a determination has been made that the facility can meet the needs of the resident. The facility shall make the determination based upon the following information at a minimum:

1. The completed UAI;
2. The physical examination report;
3. A documented interview between the administrator or a designee responsible for admission and retention decisions, the resident and his legal representative, if any. In some cases, medical conditions may create special circumstances that make it necessary to hold the interview on the date of admission.
4. A ~~mental health screening of psychological, behavioral, and emotional functioning, conducted by a qualified mental health professional, if recommended by the UAI assessor, a health care professional, or the administrator or designee responsible for the admission and retention decision. This includes meeting the requirements of as referenced in 22 VAC 40-72-360 A.~~

C. An assisted living facility shall only admit or retain residents as permitted by its use and occupancy classification and certificate of occupancy. The ambulatory/nonambulatory status, as defined in 22 VAC 40-72-10, of an individual is based upon:

1. Information contained in the physical examination report; and
2. Information contained in the most recent UAI.

D. ~~Upon receiving~~ Based upon review of the UAI prior to admission of a resident, the assisted living facility administrator shall provide written assurance to the resident that the facility has the appropriate license to meet his care needs at the time of admission. Copies of the written assurance shall be given to the legal representative and case manager, if any, and a copy signed by the resident or his legal representative shall be kept in the resident's record.

E. All residents shall be 18 years of age or older.

F. No person shall be admitted without his consent and agreement, or that of his legal representative with demonstrated legal authority to give such consent on his behalf.

G. The facility shall not require a person to relinquish the rights specified in § 63.2-1808 of the Code of Virginia as a condition of admission or retention.

~~G~~ H. Assisted living facilities shall not admit or retain individuals with any of the following conditions or care needs:

1. Ventilator dependency;
2. Dermal ulcers III and IV except those stage III ulcers that are determined by an independent physician to be healing, as permitted in subsection H of this section;
3. Intravenous therapy or injections directly into the vein, except for intermittent intravenous therapy managed by a health care professional licensed in Virginia as permitted in subsection I of this section or except as permitted in subsection J of this section;
4. Airborne infectious disease in a communicable state that requires isolation of the individual or requires special precautions by the caretaker to prevent transmission of the disease, including diseases such as tuberculosis and excluding infections such as the common cold;
5. Psychotropic medications without appropriate diagnosis and treatment plans;
6. Nasogastric tubes;
7. Gastric tubes except when the individual is capable of independently feeding himself and caring for the tube or as permitted in subsection ~~J~~ K of this section;
8. Individuals presenting an imminent physical threat or danger to self or others;
9. Individuals requiring continuous licensed nursing care;
10. Individuals whose physician certifies that placement is no longer appropriate;

11. Unless the individual's independent physician determines otherwise, individuals who require maximum physical assistance as documented by the UAI and meet Medicaid nursing facility level of care criteria as defined in the State Plan for Medical Assistance (12 VAC 30-10); or

12. Individuals whose physical or mental health care needs cannot be met in the specific assisted living facility as determined by the facility.

H I. When a resident has a stage III dermal ulcer that has been determined by an independent physician to be healing, periodic observation and any necessary dressing changes shall be performed by a licensed health care professional under a physician's or other prescriber's treatment plan.

I J. Intermittent intravenous therapy may be provided to a resident for a limited period of time on a daily or periodic basis by a licensed health care professional under a physician's or other prescriber's treatment plan. When a course of treatment is expected to be ongoing and extends beyond a two-week period, evaluation is required at two-week intervals by the licensed health care professional.

J K. At the request of the resident in an assisted living facility and when his independent physician determines that it is appropriate, (i) care for the conditions or care needs specified in subdivisions G 3 and 7 of this section may be provided to the resident by a physician licensed in Virginia, a nurse licensed in Virginia or a nurse holding a multistate licensure privilege under a physician's or other prescriber's treatment plan, or a home care organization licensed in Virginia or (ii) care for the conditions or care needs specified in subdivision G 7 of this section may also be provided to the resident by unlicensed direct care facility staff if the care is delivered in accordance with the regulations of the Board of Nursing for delegation by a registered nurse, 18 VAC 90-20-420 through 18 VAC 90-20-460 and 22 VAC 40-72-460 D. This standard does not apply to recipients of auxiliary grants.

K L. When care for a resident's special medical needs is provided by licensed staff of a home care agency, the assisted living facility direct care staff may receive training from the home care agency staff in appropriate treatment monitoring techniques regarding safety precautions and actions to take in case of emergency. This training is required prior to direct care staff assuming such duties. Updated training shall be provided as needed. The training shall include content based on the resident's specific needs.

L M. Notwithstanding § 63.2-1805 of the Code of Virginia, at the request of the resident, hospice care may be provided in an assisted living facility under the same requirements for hospice programs provided in Article 7 (§ 32.1-162.1 et seq.) of Chapter 5 of Title 32.1 of the Code of Virginia, if the hospice program determines that such program is appropriate for the resident. If hospice care is provided, there shall be a written

agreement between the assisted living facility and any hospice program that provides care in the facility. The agreement shall include:

1. Policies and procedures to ensure appropriate communication and coordination between the facility and the hospice program;
2. Specification of the roles and responsibilities of each entity, including listing of the services that will generally be provided by the facility and the services that will generally be provided by the hospice program;
3. Acknowledgement that the services provided to each resident shall be reflected on the individualized service plan as required in 22 VAC 40-72-440 D and
4. Signatures of an authorized representative of the facility and an authorized representative of the hospice program.

22 VAC 40-72-350. Physical examination and report.

A. A person shall have a physical examination by an independent physician, including screening for tuberculosis, within 30 days prior to ~~the date of~~ admission. The report of such examination shall be on file at the assisted living facility and shall contain the following:

1. The date of the physical examination;
2. Height, weight, and blood pressure;
3. Significant medical history;
4. General physical condition, including a systems review as is medically indicated;
5. Any diagnosis or significant problems;
6. Any known allergies and description of the person's reactions;
7. Any recommendations for care including medication, diet and therapy;
8. Results of a risk assessment documenting the absence of tuberculosis in a communicable form as evidenced by the completion of the current screening form published by the Virginia Department of Health or a form consistent with it;

9. A statement that the individual does not have any of the conditions or care needs prohibited by 22 VAC 40-72-340 G;

10. A statement that specifies whether the individual is considered to be ambulatory or nonambulatory; ~~and~~

11. A statement that specifies whether the individual is or is not capable of self-administering medication;

~~11~~ 12. The signature of the examining physician or his designee.

~~B. When a person is accepted for respite care, the physical examination report shall be valid for six months.~~

~~C~~ B. Subsequent tuberculosis evaluations.

1. A risk assessment for tuberculosis shall be completed annually on each resident as evidenced by the completion of the current screening form published by the Virginia Department of Health or a form consistent with it.

2. Any resident who comes in contact with a known case of infectious tuberculosis shall be screened as deemed appropriate in consultation with the local health department.

3. Any resident who develops respiratory symptoms of three or more weeks duration with no medical explanation shall be referred for evaluation for the presence of infectious tuberculosis.

4. If a resident develops an active case of tuberculosis, the facility shall report this information to the local health department.

~~D~~ C. As necessary to determine whether a resident's needs can continue to be met in the assisted living facility, the department may request a current physical examination or psychiatric evaluation, including diagnosis and assessments.

22 VAC 40-72-355. Fall risk assessment.

A. For residents who meet the criteria for assisted living care, by the time the comprehensive ISP is completed, a fall risk assessment shall be conducted.

B. The fall risk assessment shall be reviewed and updated:

1. At least annually;

2. When the condition of the resident changes; and

3. After a fall.

C. Should a resident fall, the facility must show evidence of an analysis of the circumstances of the fall and interventions that were initiated to prevent additional falls.

22 VAC 40-72-360. Mental health screening.

A. A mental health screening shall be conducted prior to admission if behaviors or patterns of behavior occurred within the previous six months that were indicative of mental illness, ~~mental retardation~~ intellectual disability, substance abuse or behavioral disorders and that caused, or continue to cause, concern for the health, safety, or welfare either of that individual or others who could be placed at risk of harm by that individual.

EXCEPTIONS:

1. If it is not possible for the screening to be conducted prior to admission, the individual may be admitted if all other admission requirements are met. The reason for the delay shall be documented and the screening shall be conducted as soon as possible, but no later than 30 days after admission.

2. The screening shall not be required for individuals under the care of a qualified mental health professional immediately prior to admission, as long as there is documentation of the person's psychosocial and behavioral functioning as specified in 22 VAC 40-72-365 A 1.

B. A mental health screening shall be conducted when a resident displays behaviors or patterns of behavior indicative of mental illness, ~~mental retardation~~ intellectual disability, substance abuse, or behavioral disorders that cause concern for the health, safety or welfare of either that individual or others who could be placed at risk of harm by the individual.

C. The mental health screening shall be conducted by a qualified mental health professional having no financial interest in the assisted living facility, directly or indirectly as an owner, officer, employee, or as an independent contractor with the facility.

D. A copy of the screening shall be filed in the resident's record.

E. If the screening indicates a need for mental health, ~~mental retardation~~ intellectual disability, substance abuse, or behavioral disorder services for the resident, the facility shall provide:

1. Notification of the resident's need for such services to the community services board, behavioral health authority, or other appropriate licensed provider identified by the resident or his legal representative; and
2. Notification to the resident, authorized contact person of record, and physician of record that mental health services have been recommended for the resident.

22 VAC 40-72-365. Psychosocial and behavioral history.

A. When determining appropriateness of admission for an individual with ~~a mental health disability~~ mental illness, intellectual disability, substance abuse or behavioral disorders, the following information shall be obtained by the facility:

1. If the prospective resident is referred by a state or private hospital, community services board, behavioral health authority, or long-term care facility, documentation of the individual's psychosocial and behavioral functioning shall be acquired.
2. If the prospective resident is coming from a private residence, information about the individual's psychosocial and behavioral functioning shall be gathered from primary sources, such as family members or friends. Although there is no requirement for written information from primary sources, the facility must document the source and content of the information that was obtained.

B. The administrator or his designee shall document that the individual's psychosocial and behavioral history were reviewed and used to help determine the appropriateness of the admission, ~~and if the person is admitted, to develop an individualized service plan.~~

C. If the individual is admitted, the psychosocial and behavioral history shall be used in the development of the person's individualized service plan and documentation of the history shall be filed in the resident's record.

~~C. If the individual is admitted, documentation of the psychosocial and behavioral history shall be filed in the resident's record.~~

22 VAC 40-72-367. Sex offender screening information.

A. The assisted living facility shall register with the Department of State Police to receive notice of the registration or reregistration of any sex offender within the same or a contiguous zip code area in which the facility is located, pursuant to § 9.1-914 of the Code of Virginia.

B. The assisted living facility shall ascertain, prior to admission, whether a potential resident is a registered sex offender if the facility anticipates the potential resident will have a length of stay greater than three days or in fact stays longer than three days and shall document in the resident's record that this was ascertained and the date the information was obtained.

C. The assisted living facility shall ensure that each resident or his legal representative is fully informed, prior to or at the time of admission and annually, that he should exercise whatever due diligence he deems necessary with respect to information on any sex offenders registered pursuant to Chapter 9 (§ 9.1-900 et. seq.) of Title 9.1 of the Code of Virginia, including how to obtain such information. Written acknowledgement of having been so informed shall be provided by the resident or his legal representative and shall be maintained in the resident's record.

D. At the same time that the person is informed as noted in subsection C above, the assisted living facility shall provide notification that, upon request, the facility shall:

1. Assist the resident, prospective resident, or his legal representative in accessing the information on registered sex offenders; and
2. Provide the resident, prospective resident, or his legal representative with printed copies of the information on registered sex offenders.

22 VAC 40-72-370. Emergency placement.

A. An emergency placement shall occur only when the emergency is documented and approved by a Virginia adult protective services worker ~~or case manager~~ for public pay individuals or an independent physician or a Virginia adult protective services worker for private pay individuals.

B. When an emergency placement occurs, the person shall remain in the assisted living facility no longer than seven ~~working~~ days unless all the requirements for admission have been met and the person has been admitted.

C. The facility shall obtain sufficient information on the person to protect the health, safety and welfare of the individual while he remains at the facility as allowed by subsection B of this section.

22 VAC 40-72-375. Respite care.

If an assisted living facility provides respite care as defined in 22 VAC 40-72-10, the requirements of this chapter apply to the respite care, with differences as follows:

1. For individuals in respite care, the ISP shall be completed prior to the person participating in respite care and need not include expected outcome.
2. Each time an individual returns for respite care, the facility shall reevaluate the person's condition and as needed, ensure that the uniform assessment instrument and the individualized service plan are updated. The reevaluation shall include, but not be limited to observation of the person; interviews with the individual and his legal representative, if any; and consultation with others knowledgeable about the person, as appropriate.
- 3.If the period of time between respite care stays is six months or longer, a new physical examination report shall be required prior to the individual returning for respite care. The examination shall take place within 30 days prior to the person's return for respite care.
- 4.The record for the individual in respite care shall include the dates of respite care.
5. The medication review required by 22 VAC 40-72-680 does not apply to individuals in respite care.

22 VAC 40-72-380. Resident personal and social information.

A. Prior to or at the time of admission to an assisted living facility, the following personal and social information on a person shall be obtained ~~and placed in the individual's record:~~

1. Name;
2. Last home address, and address from which resident was received, if different;
3. Date of admission;
4. ~~Social security number;~~
- 5 4. Birthdate (if unknown, estimated age);
- 6 5. Birthplace, if known;

~~7~~ 6. Marital status, if known;

~~8~~ 7. Name, address and telephone number of all legal representatives, if any;

~~9~~ 8. Copies of current legal documents that show proof of each legal representative's authority to act on behalf of the resident and that specify the scope of the representative's authority to make decisions and to perform other functions;

~~40~~ 9. Name, address and telephone number of next of kin, if known (two preferred);

~~11~~ 10. Name, address and telephone number of designated contact person authorized by the resident or legal representative, if appropriate, for notification purposes, including emergency notification and notification of the need for mental health, ~~mental retardation~~ intellectual disability, substance abuse, or behavioral disorder services (if resident or legal representative willing to designate an authorized contact person). There may be more than one designated contact person. The designated contact person may also be listed under another category, such as next of kin or legal representative;

~~42~~ 11. Name, address and telephone number of the responsible individual stipulated in 22 VAC 40-72-550 G, if needed;

~~43~~ 12. Name, address and telephone number of personal physician, if known;

~~44~~13. Name, address and telephone number of personal dentist, if known;

~~45~~ 14. Name, address and telephone number of clergyman and place of worship, if applicable;

~~46~~ 15. Name, address and telephone number of local department of social services or any other agency, if applicable, and the name of the assigned case manager or caseworker;

~~17~~ 16. Service in the armed forces, if applicable;

~~48~~ 17. Lifetime vocation, career, or primary role;

~~49~~ 18. Special interests and hobbies;

~~20~~ 19. Known allergies, if any;

20. Information concerning advance directives, Do Not Resuscitate (DNR) orders, or organ donation, if applicable; and

21. For residents who meet the criteria for assisted living care, additional information to be included:

- a. Previous mental health/~~mental retardation~~ intellectual disability services history, if any, and if applicable for care or services;
- b. Current behavioral and social functioning including strengths and problems; and
- c. Any substance abuse history if applicable for care or services.

B. The personal and social information required in subsection A of this section shall be placed in the individual's record.

22 VAC 40-72-390. Resident agreement with facility.

A. At or prior to the time of admission, there shall be a written agreement/acknowledgment of notification dated and signed by the resident/applicant for admission or the appropriate legal representative, and by the licensee or administrator. This document shall include the following:

1. Financial arrangement for accommodations, services and care that specifies:

- a. Listing of specific charges for accommodations, services, and care to be made to the individual resident signing the agreement, the frequency of payment, and any rules relating to nonpayment;
- b. Description of all accommodations, services, and care that the facility offers and any related charges;
- c. For an auxiliary grant recipient, a list of services included under the auxiliary grant rate.

~~e d.~~ The amount and purpose of an advance payment or deposit payment and the refund policy for such payment, except that recipients of auxiliary grants may not be charged an advance payment or deposit payment;

~~d e.~~ The policy with respect to increases in charges and length of time for advance notice of intent to increase charges;

~~e f.~~ If the ownership of any personal property, real estate, money or financial investments is to be transferred to the facility at the time of admission or at some future date, it shall be stipulated in the agreement; and

g. The refund policy to apply when transfer of ownership, closing of facility, or resident transfer or discharge occurs.

2. Requirements or rules to be imposed regarding resident conduct and other restrictions or special conditions ~~and signed acknowledgment that they have been reviewed by the resident or his legal representative.~~

3. Those actions, circumstances, or conditions that would result or might result in the resident's discharge from the facility.

4. Signed acknowledgments that:

a. Requirements or rules regarding resident conduct, other restrictions or special conditions have been reviewed by the resident or his legal representative;

~~3 b. Acknowledgment that~~ The resident or his legal representative has been informed of the policy regarding the amount of notice required when a resident wishes to move from the facility-;

c. The resident has been informed of the policy required by 22 VAC 40-72-820 regarding pets living in the facility;

~~4 d. Acknowledgment that~~ The resident has been informed of the policy required by 22 VAC 40-72-840 J regarding weapons-;

~~5. Those actions, circumstances, or conditions that would result or might result in the resident's discharge from the facility.~~

~~6 e. Acknowledgment that~~ The resident or his legal representative or responsible individual as stipulated in 22 VAC 40-72-550 G has reviewed a copy of § 63.2-1808 of the Code of Virginia, Rights and Responsibilities of Residents of Assisted Living Facilities, and that the provisions of this statute have been explained to him-;

~~7 f. Acknowledgment that~~ The resident or his legal representative or responsible individual as stipulated in 22 VAC 40-72-550 G has reviewed and had explained to him the facility's policies and procedures for implementing § 63.2-1808 of the Code of Virginia, including the grievance policy and the transfer/discharge policy-;

8 g Acknowledgment that The resident has been informed that interested residents may establish and maintain a resident council, that the facility is responsible for providing assistance with the formation and maintenance

of the council, whether or not such a council currently exists in the facility, and the general purpose of a resident council; (See 22 VAC 40-72-810.)

~~9 h. Acknowledgment that~~ The resident has been informed of the bed hold policy in case of temporary transfer or movement from the facility, if the facility has such a policy (See 22 VAC 40-72-410 B.);

~~i.~~ The resident has been informed of the policy or guidelines regarding visiting in the facility, if the facility has such a policy or guidelines (See 22 VAC 40-72-540 C).

~~10 j. Acknowledgment that~~ The resident has been informed of the rules and restrictions regarding smoking on the premises of the facility, including but not limited to that which is required by 22 VAC 40-72-800;

~~11 k. Acknowledgment that~~ The resident has been informed of the policy regarding the administration and storage of medications and dietary supplements; and

~~12 l. Acknowledgment that~~ The resident has received written assurance that the facility has the appropriate license to meet his care needs at the time of admission, as required by 22 VAC 40-72-340 D.

B. Copies of the signed agreement/acknowledgment of notification shall be provided to the resident and as appropriate, his legal representative and shall be retained in the resident's record.

C. The original agreement shall be updated whenever there are changes in financial arrangements, accommodations, services, care provided by the facility, ~~or~~ requirements governing the resident's conduct, other restrictions, or special conditions, and signed by the licensee or administrator and the resident or his legal representative. If the original agreement provides for specific changes in any of these items, this standard does not apply to those changes.

22 VAC 40-72-395. Resident accounts Monthly statement of charges/payments.

The facility shall provide to each resident or the resident's ~~conservator or guardian~~ legal representative, if one has been appointed, a monthly statement ~~or itemized receipt of the resident's account and shall also place a copy in the resident's record.~~ The monthly statement or itemized receipt shall itemize that itemizes any charges made by the facility and any payments received from the resident or on behalf of the resident during the previous 30 days or during the previous calendar month and shall show the balance due or any credits for overpayment on the resident's account. The facility shall also place a copy of the monthly statement in the resident's record.

22 VAC 40-72-400. Orientation and related information for residents.

A. Upon admission, the assisted living facility shall provide an orientation for new residents and their legal representatives including but not limited to emergency response procedures, mealtimes, and use of the call system. If needed, the orientation shall be modified as appropriate for residents with serious cognitive impairments. Acknowledgement of having received the orientation shall be signed and dated by the resident and as appropriate, his legal representative and such documentation shall be kept in the resident's record.

B. Upon admission and upon request, the assisted living facility shall provide to the resident and, if appropriate, his legal representative, a written description of the types of staff persons working in the facility and the services provided, including the hours such services are available.

22 VAC 40-72-410. Acceptance back in facility.

A. An assisted living facility shall establish procedures to ensure that any resident ~~detained by an emergency custody order pursuant to § 37.2-808 of the Code of Virginia or by a temporary detention order pursuant to § 37.2-809 through 37.2-813 of the Code of Virginia~~ is accepted back in the assisted living facility if the resident is not involuntarily committed pursuant to § 37.2-814 through ~~37.2-816~~ 37.2-819 of the Code of Virginia.

B. If an assisted living facility allows for temporary movement of a resident with agreement to hold a bed, it shall develop and follow a written bed hold policy, which includes, but is not limited to, the conditions for which a bed will be held, any time frames, terms of payment, and circumstances under which the bed will no longer be held.

22 VAC 40-72-420. Discharge of residents.

A. When actions, circumstances, conditions, or care needs occur that will result in the discharge of a resident, discharge planning shall begin immediately, and there shall be documentation of such, including the beginning date of discharge planning. The

resident shall be moved within 30 days, except that if persistent efforts have been made and the time frame is not met, the facility shall document the reason and the efforts that have been made.

B. As soon as discharge planning begins, the assisted living facility shall notify the resident, ~~and the resident's legal representatives and designated contact person if any,~~ and additionally for public pay residents, the eligibility worker and assessor, of the planned discharge, the reason for the discharge, and that the resident will be moved within 30 days unless there are extenuating circumstances as referenced in subsection A of this section. Written notification of the actual discharge date and place of discharge shall be given to the resident, ~~and the resident's legal representatives and contact person, if any,~~ and additionally for public pay residents, the eligibility worker and assessor, at least 14 ~~calendar~~ days prior to the date that the resident will be discharged.

C. The assisted living facility shall adopt and conform to a written policy regarding the number of ~~calendar~~ days notice that is required when a resident wishes to move from the facility. Any required notice of intent to move shall not exceed 30 days.

D. The facility shall assist the resident and his legal representative, if any, in the discharge or transfer process. The facility shall help the resident prepare for relocation, including discussing the resident's destination. Primary responsibility for transporting the resident and his possessions rests with the resident or his legal representative.

E. When a resident's condition presents an immediate and serious risk to the health, safety or welfare of the resident or others and emergency discharge is necessary, 14-day notification of planned discharge does not apply, although the reason for the relocation shall be discussed with the resident and, when possible, his legal representative prior to the move.

F. Under emergency conditions, the resident's legal representative, designated contact person, the family, caseworker, social worker or other agency personnel, as appropriate, shall be informed as rapidly as possible, but by the close of the ~~business~~ day following discharge, of the reasons for the move. For public pay residents, the eligibility worker and assessor shall also be so informed within the same timeframe. No later than five days after discharge, the information shall be provided in writing to all those notified.

G. ~~If the resident's uniform assessment instrument has been completed by a public human services agency assessor,~~ For public pay residents, in the event of a resident's death, the assisted living facility shall provide written notification ~~notify such to the eligibility worker and assessor and of the date and place to which the resident moved, as well as when a resident dies,~~ within 10 five days of after the resident's discharge or death.

H. Discharge statement.

1. At the time of discharge, except as noted in subdivision 2 of this subsection, the assisted living facility shall provide to the resident and, as appropriate, his legal representative and designated contact person a dated statement signed by the licensee or administrator that contains the following information:

- a. The date on which the resident, his legal representative or designated contact person was notified of the planned discharge and the name of the legal representative or designated contact person who was notified;
- b. The reason or reasons for the discharge;
- c. The actions taken by the facility to assist the resident in the discharge and relocation process; and
- d. The date of the actual discharge from the facility and the resident's destination.

2. When the termination of care is due to emergency conditions, the dated statement shall contain the above information as appropriate and shall be provided or mailed to the resident, his legal representative, or designated contact person as soon as practicable and within 48 hours from the time of the decision to discharge.

3. A copy of the written statement shall be retained in the resident's record.

I. When the resident is discharged and moves to another caregiving facility, the assisted living facility shall provide to the receiving facility such information related to the resident as is necessary to ensure continuity of care and services. Original information pertaining to the resident shall be maintained by the assisted living facility from which the resident was discharged. The assisted living facility shall maintain a listing of all information shared with the receiving facility.

J. Within 60 days of the date of discharge, each resident or his legal representative shall be given a final statement of account, any refunds due, and return of any money, property or things of value held in trust or custody by the facility.

PART VI. RESIDENT CARE AND RELATED SERVICES.

22 VAC 40-72-430. Uniform assessment instrument (UAI).

A. All residents of and applicants to assisted living facilities shall be assessed face-to-face using the uniform assessment instrument pursuant to the requirements in

Assessment in Assisted Living Facilities (22 VAC 40-745). ~~Assessments~~ The UAI shall be completed prior to admission, at least annually, and whenever there is a significant change in the resident's condition.

1. For private pay individuals, the UAI shall be completed by one of the following qualified assessors:

- a. An assisted living facility staff person who has successfully completed state-approved training on the uniform assessment instrument and level of care criteria for either public or private pay assessments, provided the administrator or the administrator's designated representative approves and then signs the completed UAI, and the facility maintains documentation of the completed training;

~~EXCEPTION: An assisted living facility staff person who began employment at the facility prior to December 28, 2006, and who had documented training that was not state approved in the completion of the UAI and application of level of care criteria shall meet the requirements for state approved training within one year from December 28, 2006;~~

- b. An independent physician; or
- c. A qualified public human services agency assessor.

2. For public pay individuals, the UAI shall be completed by a case manager or qualified assessor as specified in 22 VAC 40-745.

B. The UAI shall be completed within 90 days prior to ~~the date of~~ admission to the assisted living facility except that if there has been a change in the resident's condition since the completion of the UAI that would affect the admission, a new UAI shall be completed.

C. When a resident moves to an assisted living facility from another assisted living facility or other long-term care setting that uses the UAI, if there is a completed UAI on record, another UAI does not have to be completed except that a new UAI shall be completed whenever:

1. There is a significant change in the resident's condition; or
2. The previous assessment is more than 12 months old.

D. The assessor is responsible for being knowledgeable of the criteria for level of care and authorizing the individual for the appropriate level of care for admission to and for continued stay in an assisted living facility based on the information in the UAI.

E. Annual reassessments and reassessments due to a significant change in the resident's condition, using the UAI, shall be utilized to determine whether a resident's needs can continue to be met by the facility and whether continued placement in the facility is in the best interest of the resident.

F. During an inspection or review, staff from the department, the Department of Medical Assistance Services, or the local department of social services may initiate a change in level of care for any assisted living facility resident for whom it is determined that the resident's UAI is not reflective of the resident's current status.

G. At the request of the assisted living facility, the resident, the resident's legal representative, the resident's physician, the department, or the local department of social services, an independent assessment using the UAI shall be completed to determine whether the resident's care needs are being met in the assisted living facility. The assisted living facility shall assist the resident in obtaining the independent assessment as requested. An independent assessment is one that is completed by a qualified entity other than the original assessor.

H. The facility shall ensure that facility staff and independent physicians who are qualified assessors advise orally and in writing all applicants to and residents of assisted living facilities of the right to appeal the outcome of the assessment, the annual reassessment, or determination of level of care.

~~F~~ I. For private pay individuals, the assisted living facility shall ensure that the uniform assessment instrument is completed as required by 22 VAC 40-745.

~~G~~ J. For a private pay resident, if the UAI is completed by an independent physician or a qualified human services agency assessor, the assisted living facility shall be responsible for coordinating with the physician or the agency assessor to ensure that the UAI is completed as required.

~~H~~ K. The assisted living facility shall be in compliance with all requirements set forth in 22 VAC 40-745.

~~I~~ L The facility shall maintain the completed UAI in the resident's record.

~~J. At the request of the assisted living facility, the resident, the resident's legal representative, the resident's physician, the department, or the local department of social services, an independent assessment using the UAI shall be completed to determine whether the resident's care needs are being met in the assisted living facility. The assisted living facility shall assist the resident in obtaining the independent assessment as requested. An independent assessment is one that is completed by a qualified entity other than the original assessor.~~

~~K. During an inspection or review, staff from the department, the Department of Medical Assistance Services, or the local department of social services may initiate a change in level of care for any assisted living facility resident for whom it is determined that the resident's UAI is not reflective of the resident's current status.~~

~~L. The facility shall ensure that facility staff and independent physicians who are qualified assessors advise orally and in writing all applicants to and residents of assisted living facilities of the right to appeal the outcome of the assessment, the annual reassessment, or determination of level of care.~~

22VAC 40-72-440. Individualized service plans.

A. On the day of admission, unless a comprehensive individualized service plan is completed during that time, a preliminary plan of care shall be developed to address the basic needs of the resident, which adequately protect his health, safety, and welfare. The plan shall be developed by a staff person with the qualifications specified in subsection B of this section and in conjunction with the resident, and as appropriate, other individuals noted in subdivision B 1 of this section.

~~AB.~~ The licensee/administrator or his designee who has successfully completed an the department-approved individualized service plan (ISP) training, ~~program approved by the department or his designee who has completed such a program provided by a~~ licensed health care professional practicing within the scope of his profession, shall develop ~~an individualized service plan~~ a comprehensive ISP to meet the resident's service needs.

1. The licensee/administrator or designee shall develop the ISP in conjunction with the resident, and as appropriate, with the resident's family, legal representative, direct care staff members, case manager, health care providers, qualified mental health professionals, or other persons.

2. The plan shall reflect the resident's assessed needs and support the principles of individuality, personal dignity, freedom of choice and home-like environment and shall include other formal and informal supports that may participate in the delivery of services. Whenever possible, residents shall be given a choice of options regarding the type and delivery of services.

3. The plan shall be designed to maximize the resident's level of functional ability.

EXCEPTION: An individualized service plan is not required for those residents who are assessed as capable of maintaining themselves in an independent living status.

~~B C.~~ The service plan to address the immediate needs of the resident shall be completed within 72 hours of admission. The comprehensive individualized service plan shall be completed within 30 days after admission and shall include the following:

1. Description of identified needs and date identified based upon the (i) UAI; (ii) admission physical examination; (iii) interview with resident; (iv) fall risk assessment, if appropriate; (v) assessment of psychological, behavioral and emotional functioning, if appropriate; and (vi) other sources;
2. A written description of what services will be provided to address identified needs, and if applicable, other services, and who will provide them;
3. When and where the services will be provided;
4. The expected outcome and date of time frame for expected outcome; ~~and~~
5. Date outcome achieved; and
- ~~5~~ 6. For a facility licensed for residential living care only, if a resident lives in a building housing 19 or fewer residents, a statement that specifies whether the person does need or does not need to have a staff member awake and on duty at night.

~~C.~~ The individualized service plan shall reflect the resident's assessed needs and support the principles of individuality, personal dignity, freedom of choice and home-like environment and shall include other formal and informal supports that may participate in the delivery of services. Whenever possible, residents shall be given a choice of options regarding the type and delivery of services.

D. When hospice care is provided to a resident, the assisted living facility and the licensed hospice organization shall communicate, establish and agree upon a coordinated plan of care for the resident. The services provided by each shall be included on the individualized service plan.

E. The individualized service plan shall be signed and dated by the licensee/administrator or his designee, i.e., the person who has developed the plan, and by the resident or his legal representative. The plan shall also ~~be signed and dated by~~ indicate any other individuals who contributed to the development of the plan, with a notation of the date of contribution. ~~Each person signing the plan shall note his~~ The title or relationship to the resident next to his signature of each person who was involved in the development of the plan shall be so noted. These requirements shall also apply to reviews and updates of the plan.

~~EXCEPTION: The signature of an individual who contributed to the plan without being present at the facility shall not be required, although his name, date of participation, and title or relationship shall be indicated on the plan.~~

F. Individualized service plans shall be reviewed and updated at least once every 12 months and as needed as the condition of the resident changes. The review and update shall be performed by a staff person with the qualifications specified in subsection B of this section and in conjunction with the resident, and as appropriate, with the resident's family, legal representative, direct care staff, case manager, health care providers, qualified mental health professionals or other persons.

~~F~~ G. The master service plan shall be filed in the resident's record. A current copy shall be provided to the resident and shall also be maintained in a location accessible at all times to direct care staff, but that protects the confidentiality of the contents of the service plan. Extracts from the plan may be filed in locations specifically identified for their retention, e.g., dietary plan in kitchen.

~~G~~ H. The facility shall ensure that the care and services specified in the individualized service plan are provided to each resident.

EXCEPTION: There may be a deviation from the plan when mutually agreed upon between the facility and the resident or the resident's legal representative at the time the care or services are scheduled or when there is an emergency that prevents the care or services from being provided. Deviation from the plan shall be documented in writing, including a description of the circumstances, the date it occurred, and the signatures of the parties involved, and the documentation shall be retained in the resident's record. The facility may not start, change or discontinue medications, dietary supplements, diets, medical procedures or treatments without an order from a physician or other prescriber.

~~H. Outcomes shall be noted on the individualized plan or on a separate document as outcomes are achieved, and progress toward reaching expected outcomes shall be noted on the service plan or other document at least annually. Personnel making such notes shall sign and date them.~~

~~I. Individualized service plans shall be reviewed and updated at least once every 12 months and as needed as the condition of the resident changes. The review and update shall be performed by a staff person who has completed an ISP training program approved by the department, in conjunction with the resident, and as appropriate, with the resident's family, legal representative, direct care staff, case manager, health care providers, qualified mental health professionals or other persons.~~

22 VAC 40-72-450. Personal care services and general supervision and care.

A. The facility shall assume general responsibility for the health, safety and well-being of the residents.

B. Care provision and service delivery shall be resident-centered to the maximum extent possible, and include:

1. Resident participation in decisions regarding the care and services provided to him; and
2. Personalization of care and services tailored to the resident's circumstances and preferences.
3. Prompt response by staff to resident needs as reasonable to the circumstances.

C. Care shall be furnished in a way that fosters the independence of each resident and enables him to fulfill his potential.

D. The facility shall provide supervision of resident schedules, care and activities, including attention to specialized needs, such as prevention of falls and wandering off the premises.

E. The facility shall regularly observe each resident for changes in physical, mental, emotional and social functioning.

1. Any notable change in a resident's condition or functioning, including illness, injury, or altered behavior and action taken shall be documented in the resident's record.
2. The facility shall provide appropriate assistance when observation reveals unmet needs.

~~F. Staff shall promptly respond to resident needs as reasonable to the circumstances.~~

Ⓔ F. The facility shall notify the next of kin, legal representative, designated contact person, or if applicable, any responsible social agency of any incident of a resident falling or wandering from the premises, whether or not it results in injury. This notification shall occur as soon as possible but at least within 24 hours from the time of initial discovery or knowledge of the incident. The resident's record shall include documentation of the notification, including date, time, caller, and person or agency notified.

EXCEPTION: If the whereabouts of a resident are unknown and there is reason to be concerned about his safety, the facility shall immediately notify the appropriate law-enforcement agency. The facility shall also immediately notify the resident's next of kin, legal representative, designated contact person, or if applicable, any responsible social agency.

§ G. The facility shall provide care and services to each resident by staff who are able to communicate with the resident in a language the resident understands; or the facility shall make provisions for communications between staff and residents to ensure an accurate exchange of information.

§ H. The facility shall ensure that personal assistance and care are provided to each resident as necessary so that the needs of the resident are met, including but not limited to assistance or care with:

1. The activities of daily living:
 - a. Bathing (at least twice a week, but more often if needed or desired);
 - b. Dressing;
 - c. Toileting;
 - d. Transferring;
 - e. Bowel control;
 - f. Bladder control; and
 - g. Eating/feeding;
2. The instrumental activities of daily living:
 - a. Meal preparation;
 - b. Housekeeping;
 - c. Laundry; and
 - d. Managing money;
3. Ambulation;
4. Hygiene and grooming:
 - a. Shampooing, combing and brushing hair;

- b. Shaving;
- c. Trimming fingernails and toenails (certain medical conditions necessitate that this be done by a licensed health care professional);
- d. Daily tooth brushing and denture care; and
- e. Skin care at least twice daily for those with limited mobility;

5. Functions and tasks:

- a. Arrangements for transportation;
- b. Arrangements for shopping;
- c. Use of the telephone; and
- d. Correspondence.

~~J~~ I. Each resident shall be dressed in clean clothing and be free of odors related to hygiene. Each resident shall be encouraged to wear day clothing when out of bed.

~~K~~ J. Residents who are incontinent shall have a full or partial bath, clean clothing and linens each time their clothing or bed linen is soiled or wet.

~~L~~ K. The facility shall ensure each resident is able to obtain individually preferred personal care items when:

- 1. The preferred personal care items are reasonably available; and
- 2. The resident is willing and able to pay for the preferred items.

22 VAC 40-72-460. Health care services.

A. The facility shall ensure, either directly or indirectly, that the health care service needs of residents are met. The ways in which the needs may be met include, but are not limited to:

- 1. Staff of the facility providing health care services;
- 2. Persons employed by a resident providing health care services; or
- 3. The facility assisting residents in making appropriate arrangements for health care services.

a. When a resident is unable to participate in making appropriate arrangements, the resident's family, legal representative, designated contact person, cooperating social agency or personal physician shall be notified of the need.

b. When mental health care is needed or desired by a resident, this assistance shall include securing the services of the local community services board, state or federal mental health clinic or similar facility or agent in the private sector.

B. A resident's need for skilled nursing treatments within the facility shall be met by the facility's employment of a licensed nurse or contractual agreement with a licensed nurse, or by a home health agency or by a private duty licensed nurse.

C. Services shall be provided to prevent clinically avoidable complications, including, but not limited to:

1. Pressure ulcer development or worsening of an ulcer;
2. Contracture;
3. Loss of continence;
4. Dehydration; and
5. Malnutrition.

D. The facility shall develop and implement a written policy to ensure that staff are made aware of any life-threatening conditions of residents, including but not limited to, allergic reactions, and actions that staff may need to take.

~~D E.~~ When care for gastric tubes is provided to ~~the~~ a resident by unlicensed direct care facility staff as allowed in 22 VAC 40-72-340 ~~J~~ K(ii), the following criteria shall be met:

~~1. The care shall be provided by a direct care staff member who has successfully completed general and resident-specific training requirements and competencies in tube care from the delegating registered nurse, which has been documented by the nurse, and includes the following:~~

~~a. Type and amount of feeding and method of administration;~~

~~b. Necessary equipment and supplies;~~

- ~~c. Methods for determining that the resident's tube remains properly placed and unobstructed;~~
- ~~d. Acceptable parameters for residual contents—when to administer feedings and when to hold;~~
- ~~e. When, how often and with what amounts of water direct care staff are to flush tube;~~
- ~~f. How tube is to be clamped and secured;~~
- ~~g. How site is to be cleansed and dressed including frequency;~~
- ~~h. What information is to be documented; and~~
- ~~i. What information is to be reported and how soon (e.g., tube out or displaced, drainage around tube, signs of infection, nausea, vomiting, diarrhea, etc.).~~

~~2.3. Whenever administering a tube feeding, the direct care staff member is responsible for all of the following:~~

- ~~a. Confirming physician or other prescriber order for type and amount of feeding and method of administration;~~
- ~~b. Confirming written instructions from RN;~~
- ~~c. Gathering necessary equipment and supplies;~~
- ~~d. Identifying resident;~~
- ~~e. Explaining procedure to resident;~~
- ~~f. Confirming that feeding tube is in place and unobstructed;~~
- ~~g. Elevating head of bed or positioning resident comfortably in chair;~~
- ~~h. Washing hands;~~
- ~~i. Preparing feeding according to physician or other prescriber order and written instructions from RN;~~
- ~~j. Checking residual to confirm amount falls within parameters specified by RN;~~

- ~~k. Administering feeding by gravity flow or other method as approved by physician or other prescriber and instructed by RN;~~
- ~~l. Flushing feeding tube with the amount of water specified by the RN;~~
- ~~m. Clamping and securing tube;~~
- ~~n. Cleansing and covering site as instructed;~~
- ~~o. Documenting feeding;~~
- ~~p. Confirming patient comfort, e.g., leaving head of bed elevated or patient positioned comfortably in chair for 30 to 60 minutes; and~~
- ~~q. Documenting resident's tolerance of feeding and any other observations related to the condition and care of the site.~~

- ~~3. Prior to independently administering any tube feedings, the direct care staff person shall successfully demonstrate competency without prompting and without assistance in all of the procedures specified in subdivision 2 of this subsection. The delegating RN shall observe and document a minimum of two successful demonstrations before authorizing in writing the direct care staff member to perform the tube feeding independently. The authorization only applies for more than one resident when the delegating RN has verified and documented that the same type of feeding tube, feeding, and method of administration are used for each resident.~~

1. Prior to the care being provided, the facility shall obtain an informed consent, signed by the resident or his legal representative, that includes at a minimum acknowledgment that:

- a. An unlicensed person will routinely be providing the gastric tube care and feedings under the delegation of a registered nurse who has assessed the resident's care needs and the unlicensed person's ability to safely and adequately meet those needs;
- b. Delegation means the RN need not be present in the facility during routine gastric tube care and feedings; and
- c. Registered medication aides are prohibited from administering medications via gastric tubes and medications may only be administered by licensed personnel, e.g., an LPN or RN;
- d. The tube care and feedings provided to the resident and the supervisory oversight provided by the delegating RN will be reflected

on the individualized service plan as required in 22 VAC 40-72-440;
and

e. The signed consent shall be maintained in the resident's record.

2. Only those direct care staff with written approval from the delegating nurse, documenting the general and resident specific instructions provided by the RN and successful demonstration by the direct care staff person of competency in tube care, may provide the tube care and feedings.

3. The delegating RN shall be employed by, or under contract with, the licensed assisted living facility and shall have supervisory authority over the direct care staff being approved to provide gastric tube care and feedings.

4. The supervisory responsibilities of the delegating nurse include, but are not limited to:

- a. Monitoring the direct care staff performance related to the delegated tasks;
- b. Evaluating the outcomes for the resident;
- c. Ensuring appropriate documentation; and
- d. Documenting relevant findings and any recommendations.

5. The delegating RN shall schedule supervisory oversight based upon the following criteria:

- a. The stability and condition of the resident;
- b. The experience and competency of the unlicensed direct care staff person;
- c. The nature of the tasks or procedures being delegated; and
- d. The proximity and availability of the delegating nurse to the unlicensed direct care staff person when the nursing tasks will be performed.

6. Prior to allowing direct care staff to independently perform care for gastric tubes as provided for in this subsection, each person must be able to successfully demonstrate performance of the entire procedure correctly while under direct observation of the delegating RN. Subsequently, each person shall be directly observed no less than monthly for at least three consecutive months, after which direct observation shall be conducted no less than every six months or more often if indicated. The delegating RN shall retain documentation at the facility of all supervisory activities and direct observations of staff.

5.7. Contact information for the delegating RN shall be readily available to all staff responsible for tube feedings when an RN or LPN is not present in the facility.

4.8. Written protocols that encompass the basic policies and procedures for the performance of gastric tube feedings, as well as any resident specific instructions, shall be available to any direct care staff member responsible for tube feedings.

6.9. The facility shall have a written back-up plan to ensure that a person who is qualified as specified in this subsection is available if the direct care staff member who usually provides the care is absent.

E. F. When the resident suffers serious accident, injury, illness, or medical condition, or there is reason to suspect that such has occurred, medical attention from a licensed health care professional shall be secured immediately. The circumstances involved and the medical attention received or refused shall be documented in the resident's record. The date and times of occurrence, as well as the personnel involved shall be included in the documentation.

1. The resident's physician (if not already involved), next of kin, legal representative, designated contact person, case manager, and any responsible social agency, as appropriate, shall be notified as soon as possible but at least within 24 hours of the situation and action taken, or if applicable, the resident's refusal of medical attention.

EXCEPTION: If a resident refuses medical attention, the resident's physician shall be notified immediately.

2. A notation shall be made in the resident's record of such notice, including the date, time, caller and person notified.

~~F. If a resident refuses medical attention, the facility shall notify the resident's physician immediately, and next of kin, legal representative, designated contact person, case manager, and any responsible social agency, as appropriate, as soon as possible but at least within 24 hours. A notation shall be made in the resident's record of such refusal and notification, including the date, time, caller and person notified.~~

G. If a resident refuses medical attention, the facility shall assess whether it can continue to meet the resident's needs.

22 VAC 40-72-470. Restorative, habilitative and rehabilitative services.

A. Facilities shall assure that all restorative care and habilitative service needs of the residents are met. ~~Staff who are responsible for planning and meeting the needs shall have been trained in restorative and habilitative care.~~ Facilities shall coordinate with appropriate professional service providers and ensure that any facility staff who assist with support for these service needs are trained by and receive direction from qualified professionals. Restorative and habilitative care includes, but is not limited to, range of motion, assistance with ambulation, positioning, assistance and instruction in the activities of daily living, psychosocial skills training, and reorientation and reality orientation.

B. In the provision of restorative and habilitative care, staff shall emphasize services such as the following:

1. Making every effort to keep residents active, within the limitations set by physicians' or other prescribers' orders;
2. Encouraging residents to achieve independence in the activities of daily living;
3. Assisting residents to adjust to their disabilities, to use their prosthetic devices, and to redirect their interests if they are no longer able to maintain past involvement in particular activities;
4. Assisting residents to carry out prescribed physical therapy exercises between appointments with the physical therapist; and
5. Maintaining a bowel and bladder training program.

C. Facilities shall arrange for specialized rehabilitative services by qualified personnel as needed by the resident. Rehabilitative services include physical therapy, occupational therapy and speech-language pathology services. Rehabilitative services may be indicated when the resident has lost or has shown a change in his ability to respond to or perform a given task and requires professional rehabilitative services in an effort to regain lost function. Rehabilitative services may also be indicated to evaluate the appropriateness and individual response to the use of assistive technology.

D. All rehabilitative services rendered by a rehabilitative professional shall be performed only upon written medical referral by a physician or other qualified health care professional.

E. The physician's or other prescriber's orders, services provided, evaluations of progress, and other pertinent information regarding the rehabilitative services shall be recorded in the resident's record.

F. Direct care staff who are involved in the care of residents using assistive devices shall know how to operate and utilize the devices.

22 VAC 40-72-480. Health care oversight.

A. Each assisted living facility shall retain a licensed health care professional, who has at least two years of experience as a health care professional in an adult residential facility, adult day care center, acute care facility, nursing home, or licensed home care or hospice organization, either by direct employment or on a contractual basis, to provide health care oversight.

1. For residents who meet the criteria for residential living care,:

a. The licensed health care professional, acting practicing within the scope of the requirements of his profession, shall be on-site to provide health care oversight at least every six months and or more often if indicated, based on his professional judgment of the seriousness of a resident's needs or the stability of a resident's condition; or

b. If the facility employs a licensed health care professional who is on-site on a full-time basis, the licensed health care professional, practicing within the scope of his profession, shall provide the oversight at least annually, or more often if indicated, based on his professional judgment of the seriousness of a resident's needs or stability of a resident's condition.

2. For residents who meet the criteria for assisted living care,:

a. The licensed health care professional, acting practicing within the scope of the requirements of his profession, shall be on-site to provide health care oversight at least every three months and or more often if indicated, based on his professional judgment of the seriousness of a resident's needs or the stability of a resident's condition; or

b. If the facility employs a licensed health care professional who is on-site on a full-time basis, the licensed health care professional, practicing within the scope of his profession, shall provide the oversight at least every six months or more often if indicated, based on his professional judgment of the seriousness of a resident's needs or stability of a resident's condition.

3. All residents shall be included at least annually in the health care oversight.

B. While on-site, as specified in subsection A of this section, the licensed health care professional shall provide health care oversight of the following and make recommendations for change, as needed:

- ~~1. Recommend in writing changes to~~ Ascertain whether a resident's service plan ~~if the plan does not~~ appropriately addresses the current health care needs of the resident.
2. Monitor direct care staff performance of health-related activities.
- ~~3. Advise the administrator of~~ Evaluate the need for staff training, ~~as necessary.~~
4. Provide consultation and technical assistance to staff as needed.
- ~~5. Observe residents for whom the assisted living facility is receiving reimbursement from the Department of Medical Assistance Services for intensive assisted living services and recommend in writing any needed changes in the care provided or in the resident's service plan.~~
- ~~6~~ 5. Review documentation regarding health care services, including medication and treatment records to assess that services are being provided in accordance with physicians' or other prescribers' orders, ~~and keep the administrator appropriately informed.~~
- ~~7~~ 6. Monitor conformance to the facility's medication management plan and the maintenance of required medication reference materials, ~~and advise the administrator of any concerns.~~
- ~~8~~ 7. ~~Monitor~~ Observe infection control measures ~~and advise the administrator of any concerns~~ and consistency with the infection control program of the facility.
- ~~9~~ 8. Review the current condition and the records of restrained residents to assess the appropriateness of the restraint and progress toward its reduction or elimination, ~~and advise the administrator of any concerns.~~
 - a. The licensed health care professional shall be at a minimum a registered nurse.
 - b. The licensed health care professional providing the oversight for this subdivision shall also provide the oversight for subdivisions 1 through 7 of this subsection for restrained residents.
 - c. The health care oversight for all restrained residents shall be provided at least every three months.
 - d. The oversight provided shall be a holistic review of the physical, emotional and mental health of the resident and identification of any unmet needs.

e. The oversight shall include an evaluation of whether direct care staff have received the restraint training required by 22 VAC 40-72-310 and whether the facility is meeting the requirements of 22 VAC 40-72-700 regarding the use of restraints.

~~40 9.~~ Certify in writing that the requirements of subdivisions 1 through 9 8 of this subsection were met, including the date(s) of the health care oversight was provided. The specific residents for whom the oversight was provided must be identified. The administrator shall be advised of the findings of the health care oversight and any recommendations. All of the requirements of this subdivision shall be (i) in writing, The certification shall (ii) signed and dated by the health care professional, be (iii) provided to the facility administrator within 10 days of the completion of the oversight, and (iv) maintained in the facility files for at least two years, with any specific recommendations regarding a particular resident also maintained in the resident's record.

10. Action taken in response to the recommendations noted in subdivision 9 above shall be documented in the resident's record if resident specific, and if otherwise, in the facility files.

22 VAC 40-72-490. Community services board access.

All assisted living facilities shall provide reasonable access to staff or contractual agents of community services boards, local government departments with policy-advisory community services boards or behavioral health authorities as defined in § 37.2-100 of the Code of Virginia for the purposes of:

1. Assessing or evaluating clients residing in the facility;
2. Providing case management or other services or assistance to clients residing in the facility; or
3. Monitoring the care of clients residing in the facility.

Such staff or contractual agents also shall be given reasonable access to other facility residents who have previously requested their services.

22 VAC 40-72-500. Mental health services coordination, and support, and agreement.

A. For each resident requiring mental health services, the services of the local community services board, or a public or private mental health clinic, rehabilitative services agency, treatment facility or agent, or qualified health care professional shall be secured as appropriate based on the resident's current evaluation and to the extent

possible, the resident's preference for service provider. The assisted living facility shall assist the resident in obtaining the services.

EXCEPTION: If the services are not able to be secured, the facility shall document the reason for such and the efforts made to obtain the services. If the resident has a legal representative, the representative shall be notified of failure to obtain services and the notification shall be documented.

~~B. The assisted living facility shall assist the resident in obtaining the services recommended in the initial evaluation and in the progress reports.~~

B. Written procedures to ensure communication and coordination between the assisted living facility and the mental health service provider shall be established to assure that the mental health needs of the resident are addressed.

C. Efforts, which must be documented, shall be made by the assisted living facility to assist in ensuring that prescribed interventions are implemented, monitored, and evaluated for their effectiveness in addressing the resident's mental health needs.

~~C. The facility shall enter into a written agreement with all providers of mental health services utilized by residents in the facility to assure that the services outlined in subsection D of this section are provided.~~

~~1. Licensed or credentialed providers of mental health services shall include the local community services board; public or private mental health clinic, treatment facility or agent; private psychiatrist, psychologist, therapist, or other qualified mental health professional.~~

~~2. The facility shall maintain contact information for providers currently serving residents as a resource for other residents who may need mental health services.~~

~~3. A copy of the agreement shall remain on file in the assisted living facility.~~

~~4. If the facility is unable to secure an agreement with the mental health services provider that comports with subsection D of this section, the facility shall document the reason for the failure and all efforts made to secure the agreement.~~

~~D. Services to be included in the agreement shall at least be the following:~~

~~1. Diagnostic, evaluation and referral services in order to identify and meet the needs of the resident;~~

- ~~2. Appropriate community-based mental health, mental retardation and substance abuse services;~~
- ~~3. Services and support to meet emergency mental health needs of a resident; and~~
- ~~4. Completion of written progress reports as follows:~~
 - ~~a. The facility shall obtain written progress reports on each resident receiving services from the local community services board, or a public or private mental health clinic, treatment facility or agent; private psychiatrist, psychologist, therapist, or other qualified mental health professional.~~
 - ~~b. The progress reports shall be obtained at least every six months until it is stated in a report that services are no longer needed.~~
 - ~~c. The progress reports shall contain at a minimum:~~
 - ~~(1) A statement that continued services are or are not needed.~~
 - ~~(2) If continued services are still required, a summary of progress.~~
 - ~~(3) Recommendations, if any, for continued services and the expected therapeutic outcomes;~~
 - ~~(4) A statement that the resident's needs can continue to be met in an assisted living facility; and~~
 - ~~(5) A statement of any recommended services to be provided by the assisted living facility.~~
 - ~~d. Copies of the progress reports shall be filed in the resident's record.~~

~~E D.~~ If the facility is unsuccessful in obtaining efforts to obtain the recommended services are unsuccessful, it the facility must document:

- ~~1. Whether it can continue to meet all other needs of the resident.~~
- ~~2. How it plans to ensure that the failure to obtain the recommended services will not compromise the health, safety, or rights of the resident and others who come in contact with the resident.~~
- ~~3. The offices, agencies and individuals who were contacted and explanation of outcomes.~~

4 3. Details of additional steps the facility will take to find alternative providers to meet the resident's needs.

22 VAC 40-72-510. (Reserved.)

22 VAC 40-72-520. Activity/recreational requirements.

~~A. In facilities licensed for residential living care only, there shall be at least 11 hours of scheduled activities available to the residents each week for no less than one hour each day.~~

~~B. In facilities licensed for both residential and assisted living care, there shall be at least 14 hours of scheduled activities available to the residents each week for no less than one hour each day.~~

A. Activities for residents shall:

1. Support the skills and abilities of residents in order to promote or maintain their highest level of independence or functioning;

2. Accommodate individual differences by providing a variety of types of activities and levels of involvement; and

3. Offer residents a varied mix of activities weekly including, but not limited to, those that are physical, social, cognitive/intellectual/creative, productive, sensory, reflective/contemplative, nature/natural world, and weather permitting, outdoor. Any given activity may involve more than one of these. Community resources as well as facility resources may be used to provide activities.

B. Resident participation in activities.

1. Residents shall be encouraged but not forced to participate in activity programs offered by the facility and the community.

2. During an activity, each resident shall be encouraged but not coerced to join in at his level, to include observing.

3. Any restrictions on participation imposed by a physician shall be documented in the resident's record.

~~C. Activities shall be varied and shall include, but not necessarily be limited to, the following categories: physical, social, cognitive/intellectual/creative, productive, sensory, reflective/contemplative, outdoor, and nature/natural world. Community resources as well as facility resources may be used to provide activities. Any given activity may fall under more than one category.~~

~~D. C.~~ Activities shall be planned under the supervision of the administrator or other qualified staff person who shall encourage involvement of residents and staff in the planning.

A. D. In a facility licensed for residential living care only, there shall be at least 11 hours of scheduled activities available to the residents each week for no less than one hour each day.

~~E. The activities shall take into consideration individual differences in age, health status, sensory deficits, lifestyle, ethnicity, religious affiliation, values, experiences, needs, interests, abilities, and skills by providing opportunities for a variety of types of activities and levels of involvement.~~

B. E. In a facility licensed for both residential and assisted living care, there shall be at least 14 hours of scheduled activities available to the residents each week for no less than one hour each day.

~~F. Activities shall:~~

- ~~1. Meaningfully support the physical, social, mental, and emotional abilities and skills of residents; and~~
- ~~2. Promote or maintain the resident's highest level of independence or functioning.~~

~~G. There shall be a written schedule of activities that meets the following criteria:~~

- ~~1. The schedule of activities shall be developed at least monthly.~~
- ~~2. The schedule shall include:~~
 - ~~a. Group activities for all residents or small groups of residents; and~~
 - ~~b. The name, type, date and hour of the activity.~~
- ~~3. If one activity is substituted for another, the change shall be noted on the schedule.~~
- ~~4. The current month's schedule shall be posted in a conspicuous location in the facility or otherwise be made available to residents and their families.~~
- ~~5. The schedule of activities for the past two years shall be kept at the facility.~~

~~6. If a resident requires an individual schedule of activities, that schedule shall be a part of the individualized service plan.~~

~~I. Resident participation in activities.~~

~~1. Residents shall be encouraged but not forced to participate in activity programs offered by the facility and the community.~~

~~2. During an activity, each resident shall be encouraged but not coerced to join in at his level, to include observing.~~

~~3. Any restrictions on participation imposed by a physician shall be documented in the resident's record.~~

~~J F. During a programmed an activity, when needed to ensure that each of the following is adequately accomplished, there shall be an adequate number of staff persons or volunteers to:~~

~~1. Lead the activity;~~

~~2. to Assist the residents with the activity;~~

~~3. to Supervise the general area;~~

~~4. and to Re-direct any individuals who require different activities; and~~

~~5. Protect the health, safety and welfare of the residents participating in the activity.~~

~~K. All equipment and supplies used shall be accounted for at the end of the activity so that a safe environment can be maintained.~~

~~L G. The staff person or volunteer leading the activity shall have a general understanding of the following:~~

~~1. Attention spans and functional levels of the residents in the group;~~

~~2. Methods to adapt the activity to meet the needs and abilities of the residents;~~

~~3. Various methods of engaging and motivating individuals to participate; and~~

~~4. The importance of providing appropriate instruction, education, and guidance throughout the activity.~~

H. Adequate supplies and equipment appropriate for the program activities shall be available in the facility.

G.I. There shall be a written schedule of activities that meets the following criteria:

1. The schedule of activities shall be developed at least monthly.

2. The schedule shall include:

a. Group activities for all residents or small groups of residents; and

b. The name, if any, and the type, date and hour of the activity.

3. If one activity is substituted for another, the change shall be noted on the schedule.

4. The current month's schedule shall be posted in a conspicuous location in the facility or otherwise be made available to residents and their families.

5. The schedule of activities for the past two years shall be kept at the facility.

6. If a resident requires an individual schedule of activities, that schedule shall be a part of the individualized service plan.

J. The facility shall promote access to the outdoors.

K. In addition to the required scheduled activities, there shall be unscheduled staff and resident interaction throughout the day that fosters an environment that promotes socialization opportunities for residents.

22 VAC 40-72-530. Freedom of movement.

A. Any resident who does not have a serious cognitive impairment with an inability to recognize danger or protect his own safety and welfare shall be allowed to freely leave the facility. A resident who has a serious cognitive impairment and an inability to recognize danger or protect his own safety and welfare shall be subject to the provisions set forth in 22 VAC 40-72-1020 A or 22 VAC 40-72-1130 A.

B. Doors leading to the outside shall not be locked from the inside or secured from the inside in any manner that amounts to a lock, except that doors may be locked or secured in a manner that amounts to a lock in special care units as provided in 22 VAC 40-72-1130 A. Any devices used to lock or secure doors in any manner must be in accordance with applicable building and fire codes.

C. The facility shall provide freedom of movement for the residents to common areas and to their personal spaces. The facility shall not lock residents out of or inside their rooms.

22 VAC 40-72-540. Visiting in the facility.

A. Daily visits to residents in the facility shall be permitted.

~~B. If visiting hours are restricted, daily visiting hours shall be posted in a place conspicuous to the public.~~ Visiting hours shall not be restricted, except for a resident when it is the resident's choice.

~~C. The facility may establish a policy or guidelines so that visiting is not disruptive to other residents and facility security is not compromised. However, daily visits and visiting hours shall not be restricted as provided in A and B of this section.~~

~~C~~ D. The facility shall encourage regular family involvement with the resident and shall provide ample opportunities for family participation in activities at the facility.

22 VAC 40-72-550. Resident rights.

A. The resident shall be encouraged and informed of appropriate means as necessary to exercise his rights as a resident and a citizen throughout the period of his stay at the facility.

B. The resident has the right to voice or file grievances, or both, with the facility and to make recommendations for changes in the policies and services of the facility. The residents shall be protected by the licensee or administrator, or both, from any form of coercion, discrimination, threats, or reprisal for having voiced or filed such grievances.

C. Any resident of an assisted living facility has the rights and responsibilities as provided in § 63.2-1808 of the Code of Virginia and this chapter.

D. The operator or administrator of an assisted living facility shall establish written policies and procedures for implementing § 63.2-1808 of the Code of Virginia.

E. The facility shall make its policies and procedures for implementing § 63.2-1808 of the Code of Virginia available and accessible to residents, relatives, agencies, and the general public.

~~E~~ F. The rights and responsibilities of residents shall be printed in at least 12-point type and posted conspicuously in a public place in all assisted living facilities. The facility shall also post the name, title and telephone number of the appropriate regional licensing supervisor of the department, the Adult Protective Services' toll-free telephone number, the toll-free telephone number of the Virginia Long-Term Care Ombudsman

Program and any substate (local) ombudsman program serving the area, and the toll-free telephone number of the Virginia Office for Protection and Advocacy.

~~F~~ G. The rights and responsibilities of residents in assisted living facilities shall be reviewed annually with each resident or his legal representative or responsible individual as stipulated in subsection G of this section and each staff person. Evidence of this review shall be the resident's, his legal representative's or responsible individual's, or staff person's written acknowledgment of having been so informed which shall include the date of the review and shall be filed in the resident's or staff person's record.

~~G~~ H. If a resident is unable to fully understand and exercise the rights and responsibilities contained in § 63.2-1808 of the Code of Virginia, the facility shall require that a legal representative or a responsible individual, of the resident's choice when possible, designated in writing in the resident's record, annually be made aware of each item in § 63.2-1808 and the decisions that affect the resident or relate to specific items in § 63.2-1808.

1. A resident shall be assumed capable of understanding and exercising these rights unless a physician determines otherwise and documents the reasons for such determination in the resident's record.
2. The facility shall seek a determination and reasons for the determination from a resident's physician regarding the resident's capability to understand and exercise these rights when there is reason to believe that the resident may not be capable of such.

~~H~~. The facility shall make its policies and procedures for implementing § 63.2-1808 of the Code of Virginia available and accessible to residents, relatives, agencies, and the general public.

22 VAC 40-72-560. Resident records.

A. The facility shall establish written policy and procedures for documentation and recordkeeping to ensure that the information in resident records is accurate and clear and that the records are well-organized.

B. Resident records shall be identified and easily located by resident name, including when a resident's record is kept in more than one place. This shall apply to both electronic and hard copy material.

~~C~~. A back-up and security system shall be utilized for electronic documents that are part of the resident's record. (moved)

~~D. Any forms used for recordkeeping shall contain at a minimum the information specified in this chapter. Model forms, which may be copied, will be supplied by the department upon request, and are also available on the department's website.~~

~~E~~ C. Any physician's notes and progress reports in the possession of the facility shall be retained in the resident's record.

~~F~~ D. Copies of all agreements between the facility and the resident and official acknowledgment of required notifications, signed by all parties involved, shall be retained in the resident's record. Copies shall be provided to the resident, and to persons whose signatures appear on the document.

~~G~~ E. All resident records shall be kept current, that contain the information required by these standards for residents shall be retained at the facility and kept in a locked area, except that information shall be made available as noted in subsection ~~H~~ F of this section.

~~H~~ F. The licensee shall assure that all records are treated confidentially and that information shall be made available only when needed for care of the resident. All records shall be made available for inspection by the department's representative.

~~I~~ G. Residents shall be allowed access to their own records. A legal representative of a resident shall be provided access to the resident's record or part of the record as allowed by the scope of his legal authority.

~~J~~ H. ~~The resident's record shall be kept current and~~ The complete resident record shall be retained for at least two years after the resident leaves the facility.

1. At least the first year, the record shall be retained at the facility.

2. After the first year, the record may be retained off-site in a safe, secure area. The record must be available at the facility within 48 hours.

~~K~~ I. A current picture of each resident shall be readily available for identification purposes, or if the resident refuses to consent to a picture, there shall be a narrative physical description, which is annually updated, maintained in his file.

22 VAC 40-72-570. Release of information from resident's record.

A. The resident or the appropriate legal representative has the right to release information from the resident's record to persons or agencies outside the facility.

B. The licensee is responsible for making available to residents and legal representatives, a form which they may use to grant their written permission for the facility to release information to persons or agencies outside the facility. The facility

shall retain a copy of any signed release of information form in the resident's record. ~~A model form, which may be copied, may be obtained from the department, and is also available on the department's website.~~

C. Only under the following circumstances is a facility permitted to release information from the resident's records or information regarding the resident's personal affairs without the written permission of the resident or his legal representative, where appropriate:

1. When records have been properly subpoenaed;
2. When the resident is in need of emergency medical care and is unable or unwilling to grant permission to release information or his legal representative is not available to grant permission;
3. When the resident moves to another caregiving facility;
4. To representatives of the department; or
5. As otherwise required by law.

D. When a resident is hospitalized or transported by emergency medical personnel, information necessary to the care of the resident, ~~on such matters as medications, Do Not Resuscitate (DNR) order, advance directives, and organ donation,~~ shall be furnished by the facility to the hospital or emergency medical personnel, ~~if appropriate.~~ Examples of such information include medications, Do Not Resuscitate (DNR) order, advance directives, and organ donation. The facility shall also provide the name, address and telephone number of the resident's designated contact person to the hospital or emergency medical personnel.

22 VAC 40-72-580. Food service and nutrition.

A. When any portion of an assisted living facility is subject to inspection by the State Department of Health, the facility shall be in compliance with those regulations, as evidenced by an initial and subsequent annual reports from the State Department of Health. The report shall be retained at the facility for a period of at least two years.

B. All meals shall be served in the dining area as designated by the facility, except that:

1. If the facility, through its policies and procedures, offers routine or regular room service, residents shall be given the option of having meals in the dining area or in their rooms, provided that:
 - a. There is a written agreement to this effect, signed and dated by both the

resident and the licensee or administrator, and filed in the resident's record.

b. If a resident's individualized service plan, physical examination report, mental health status report or any other document indicates that the resident has a psychiatric condition that contributes to self-isolation, a qualified mental health professional shall make a determination in writing whether the person should have the option of having meals in his room. If the determination is made that the resident should not have this option, then the resident shall have his meals in the dining area.

2. Under special circumstances, such as temporary illness, temporary incapacity, temporary agitation of a resident with serious cognitive impairment, or occasional, infrequent requests due to a resident's personal preference, meals may be served in a resident's room. ~~Documentation in the resident's file will reflect these circumstances.~~

3. When meals are served in a resident's room, a sturdy table must be used.

~~C. Residents with independent living status who have kitchens equipped with stove, refrigerator and sink within their individual apartments may have the option of obtaining meals from the facility or from another source.~~

~~1. The facility must have an acceptable health monitoring plan for these residents and provide meals both for other residents and for residents identified as no longer capable of maintaining independent living status.~~

~~2. An acceptable health monitoring plan includes assurance of adequate resources, accessibility to food, a capability to prepare food, and availability of meals when the resident is sick or temporarily unable to prepare meals for himself.~~

~~D~~ C. Personnel shall be available to help any resident who may need assistance in reaching the dining room or when eating.

~~E~~ D. A minimum of ~~30~~ 45 minutes shall be allowed for each resident to complete a meal. If a resident has been assessed on the UAI as dependent in eating/feeding, his individualized service plan shall indicate an approximate amount of time needed for meals to ensure needs are met.

~~F~~ E. Facilities shall develop and implement a policy to monitor each resident's ~~food consumption~~ for:

1. Warning signs of changes in physical or mental status related to nutrition; and

2. Compliance with any needs determined by the resident's individualized service plan or prescribed by a physician or other prescriber, nutritionist or health care professional.

~~G~~ F. Facilities shall implement interventions as soon as a nutritional problem is suspected. These interventions shall include, but are not limited to the following:

1. Weighing residents at least monthly to determine whether the resident has significant weight loss (5.0% weight loss in one month, 7.5% in three months, or 10% in six months); and
2. Notifying the attending physician if a significant weight loss is identified in any resident who is not on a physician-approved weight reduction program, and obtain, document and follow the physician's instructions regarding nutritional care.

G. Residents with independent living status who have kitchens equipped with stove, refrigerator and sink within their individual apartments may have the option of obtaining meals from the facility or from another source. If meals are obtained from another source, the facility must ensure availability of meals when the resident is sick or temporarily unable to prepare meals for himself.

~~22 VAC 40-72-590. Observance of religious dietary practices. (Reserved.)~~

~~A. The resident's religious dietary practices shall be respected.~~

~~B. Religious dietary laws (or practices) of the administrator or licensee shall not be imposed upon residents unless mutually agreed upon in the admission agreement between administrator or licensee and resident.~~

~~22 VAC 40-72-600. Time interval between meals. (Reserved.)~~

~~A. Time between the evening meal and breakfast the following morning shall not exceed 15 hours.~~

~~B. There shall be at least four hours between breakfast and lunch and at least four hours between lunch and supper.~~

~~C. When multiple seatings are required due to limited dining space, scheduling shall ensure that these time intervals are met for all residents. Schedules shall be made available to residents, legal representatives, staff, volunteers and any other persons responsible for assisting residents in the dining process.~~

22 VAC 40-72-610. Number of meals and availability of snacks.

A. At least three well-balanced meals, served at regular intervals, shall be provided daily to each resident, unless contraindicated as documented by the attending physician in the resident's record or as provided for in 22 VAC 40-72-580 C.

B. Bedtime and between meal snacks shall be made available for all residents desiring them, or in accordance with their physician's or other prescriber's orders.

1. Appropriate adjustments in the provision of snacks to a resident shall be made when there are orders from the resident's physician or other prescriber in the resident's record limiting the receipt or type of snacks.

2. Vending machines shall not be used as the only source for snacks.

22 VAC 40-72-615. Time interval between meals.

A. Time between the evening meal and breakfast the following morning shall not exceed 15 hours.

B. There shall be at least four hours between breakfast and lunch and at least four hours between lunch and supper.

C. When multiple seatings are required due to limited dining space, scheduling shall ensure that these time intervals are met for all residents. Schedules shall be made available to residents, legal representatives, staff, volunteers and any other persons responsible for assisting residents in the dining process.

22 VAC 40-72-620. Menus for meals and snacks.

A. Food preferences of residents shall be considered when menus are planned.

B. Menus for meals and snacks for the current week shall be dated and posted in an area conspicuous to residents.

€ 1. Any menu substitutions or additions shall be recorded on the posted menu.

Ð 2. A record shall be kept of the menus served for two years.

£ C. Minimum daily menu.

1. Unless otherwise ordered in writing by the resident's physician or other prescriber, the daily menu, including snacks, for each resident shall meet the current guidelines of the U.S. Department of Agriculture's food guidance system or the dietary allowances of the Food and Nutritional Board of the National

Academy of Sciences, taking into consideration the age, sex and activity of the resident.

2. Other foods may be added.

3. Second servings and snacks shall be ~~provided, if requested,~~ available at no additional charge.

4. At least one meal each day shall include a hot main dish.

~~F~~ D. Special diets. When a diet is prescribed for a resident by his physician or other prescriber, it shall be prepared and served according to the physician's or other prescriber's orders.

~~G. There shall be on-site quarterly oversight of special diets by a dietitian or nutritionist, each of whom must meet the requirements of § 54.1-2731 of the Code of Virginia and 18 VAC 75-30, Regulations Governing Standards for Dietitians and Nutritionists. The quarterly oversight shall include a review of the physician's or other prescriber's order and the preparation and delivery of the special diet for each resident who has such a diet. The quarterly oversight shall also include an evaluation of the adequacy of each resident's special diet and the resident's acceptance of the diet. The dietitian or nutritionist shall provide a written report within two weeks to the facility administrator of his findings and recommendations, and include the date of the oversight, the date of the report, and his signature. The report shall be retained at the facility for at least two years. Special diets may also be referred to as medical nutrition therapy or diet therapy.~~

~~H~~ E. A copy of a diet manual containing acceptable practices and standards for nutrition shall be kept current and on file in the dietary department.

~~I~~ F. Hydration. The facility shall make drinking water readily available to all residents. Direct care staff shall know which residents need help getting water or other fluids and drinking from a cup or glass. Direct care staff shall encourage and assist residents who do not have medical conditions with physician or other prescriber ordered fluid restrictions to drink water or other beverages frequently.

22 VAC 40-72-623. Oversight of special diets.

A. There shall be oversight at least every six months of special diets by a dietitian or nutritionist for each resident who has such a diet. Special diets may also be referred to using terms such as medical nutrition therapy or diet therapy. The dietitian or nutritionist must meet the requirements of § 54.1-2731 of the Code of Virginia and 18 VAC 75-30, Regulations Governing Standards for Dietitians and Nutritionists.

B. The oversight specified in subsection A of this section shall be on-site and include the following:

1.A review of the physician's or other prescriber's order and the preparation and delivery of the special diet.

2.An evaluation of the adequacy of the resident's special diet and the resident's acceptance of the diet.

3.Certification that the requirements of this subsection were met, including the date of the oversight and identification of the residents for whom the oversight was provided. The administrator shall be advised of the findings of the oversight and any recommendations. All of the requirements of this subdivision shall be (i) in writing, (ii) signed and dated by the dietitian or nutritionist, (iii) provided to the administrator within 10 days of the completion of the oversight, and (iv) maintained in the files at the facility for at least two years, with any specific recommendations regarding a particular resident also maintained in the resident's record.

4.Upon receipt of recommendations noted in subdivision 3 above, the administrator or the dietitian or nutritionist shall report them to the resident's physician. Documentation of the report shall be maintained in the resident's record.

5.Action taken in response to the recommendations noted in subdivision 3 above shall be documented in the resident's record.

22 VAC 40-72-625. Observance of religious dietary practices.

A. The resident's religious dietary practices shall be respected.

B. Religious dietary practices of the administrator or licensee shall not be imposed upon residents unless mutually agreed upon in the admission agreement between administrator or licensee and resident.

22 VAC 40-72-630. Medication management plan and reference materials.

A. The facility shall have, ~~and~~ keep current, and implement a written plan for medication management. The facility's medication plan shall address procedures for administering medication and shall include:

1. Methods to ensure an understanding of the responsibilities associated with medication management;

2. Standard operating procedures, including but not limited to, the facility's standard dosing schedule, and any general restrictions specific to the facility;

3. Methods to prevent the use of outdated, damaged or contaminated medications;
4. Methods to ensure that each resident's prescription medications and any over-the-counter drugs and supplements ordered for the resident are filled and refilled in a timely manner to avoid missed dosages;
5. Methods for verifying that medication orders have been accurately transcribed to Medication Administration Records (MARs), including within 24 hours of receipt of a new order or change in an order;
6. Methods for monitoring medication administration and the effective use of the MARs for documentation;
7. Methods to ensure accurate counts of all controlled substances whenever assigned medication administration staff changes;
- ~~7~~ 8. Methods to ensure that staff who are responsible for administering medications meet the qualification requirements of 22 VAC 40-72-660;
- ~~8~~ 9. Methods to ensure that staff who are responsible for administering medications are adequately supervised, including periodic direct observation of medication administration;
- ~~9~~ 10. A plan for proper disposal of medication;
- ~~10~~ 11. Methods to ensure that residents do not receive medications or dietary supplements to which they have known allergies; and
- ~~11~~ 12. Identification of the medication aide or the person licensed to administer drugs responsible for routinely communicating issues or observations related to medication administration to the prescribing physician or other prescriber.
13. Methods to ensure that staff who are responsible for administering medications are trained on the facility's medication management plan.
14. Procedures for internal monitoring of the facility's conformance to the medication management plan.

B. The facility's written medication management plan ~~and any subsequent changes shall be approved~~ requires approval by the department.

C. ~~The plan and~~ Subsequent changes shall be reviewed as part of the department's regular inspection process.

D. In addition to the facility's written medication management plan, the facility shall maintain, as reference materials for medication aides, at least one pharmacy reference book, drug guide or medication handbook for nurses that is no more than two years old.

22 VAC 40-72-640. Physician's or other prescriber's order.

A. No medication, dietary supplement, diet, medical procedure or treatment shall be started, changed or discontinued by the facility without a valid order from a physician or other prescriber. Medications include prescription, over-the-counter and sample medications.

~~B. The resident's record shall contain the physician's or other prescriber's written order or a dated notation of the physician's or other prescriber's oral order.~~

~~C~~ B. Physician or other prescriber orders, both written and oral, for administration of all prescription and over-the-counter medications and dietary supplements shall include the name of the resident, the date of the order, the name of the drug, route, dosage, strength, how often medication is to be given, and identify the diagnosis, condition, or specific indications for administering each drug.

~~D~~ C. Physician's or other prescriber's oral orders shall:

1. Be charted by the individual who takes the order. That individual must be one of the following:

a. A licensed health care professional acting practicing within the scope of his profession; or

f. A medication aide.

2. Be reviewed and signed by a physician or other prescriber within ~~10 working~~ 14 days.

D. Medication aides may not transmit an oral order to a pharmacy.

E. The resident's record shall contain the physician's or other prescriber's signed written order or a dated notation of the physician's or other prescriber's oral order. Orders shall be organized chronologically in the resident's record.

~~E~~ F. Whenever a resident is admitted to a hospital for treatment of any condition, the facility shall obtain new orders for all medications and treatments prior to or at the time of the resident's return to the facility. The facility shall ensure that the primary physician is aware of all medication orders and has documented any contact with the physician regarding the new orders.

22 VAC 40-72-650. Storage of medications.

A. A medicine cabinet, container or compartment shall be used for storage of medications and dietary supplements prescribed for residents when such medications and dietary supplements are administered by the facility. Medications shall be stored in a manner consistent with current standards of practice.

1. The storage area shall be locked.
2. Schedule II drugs and any other drugs subject to abuse must be kept in a separate locked storage compartment, e.g., a locked cabinet within a locked storage area or a locked container within a locked cabinet or cart, ~~except when the facility uses a unit dose packaging system in which the quantity stored is minimal and a missing dose can be readily detected.~~
3. The individual responsible for medication administration shall keep the keys to the storage area on his person.
4. When in use, the storage area shall have adequate illumination in order to read container labels.
5. The storage area shall not be located in the kitchen or bathroom, but in an area free of dampness or abnormal temperatures unless the medication requires refrigeration.
6. When required, medications shall be refrigerated.
 - a. It is permissible to store dietary supplements and foods and liquids used for medication administration in a refrigerator that is dedicated to medication storage, if the refrigerator is in a locked storage area.
 - b. When it is necessary to store medications in a refrigerator that is routinely used for food storage, the medications shall be stored together in a locked container in a clearly defined area.
7. Single-use and dedicated medical supplies and equipment shall be appropriately labeled and stored. Medical equipment suitable for multi-use shall be stored to prevent cross-contamination.

B. A resident may be permitted to keep his own medication in a secure place in his room if the UAI has indicated that the resident is capable of self-administering medication. The medication and any dietary supplements shall be stored so that they are not accessible to other residents. This does not prohibit the facility from storing or administering all medication and dietary supplements.

EXCEPTION: If the facility has no residents with serious cognitive impairments who cannot recognize danger or protect their own safety and welfare, the facility may determine that the security and inaccessibility safeguards specified in this subsection do not apply.

22 VAC 40-72-660. Qualifications and supervision of staff administering medications.

When staff administers medications to residents, the following standards shall apply:

1. Each staff person who administers medication shall be authorized by § 54.1-3408 of the Virginia Drug Control Act. All staff responsible for medication administration shall:

- a. Be licensed by the Commonwealth of Virginia to administer medications; or
- b. Be registered with the Virginia Board of Nursing as a medication aide, except as specified in subdivision 2 of this section.

2. Any applicant for registration as a medication aide who has provided to the Virginia Board of Nursing evidence of successful completion of the education or training course required for registration may act as a medication aide on a provisional basis for no more than 120 days before successfully completing any required competency evaluation. However, upon notification of failure to successfully complete the written examination after three attempts, an applicant shall immediately cease acting as a medication aide.

3. Medication aides shall be supervised by one of the following:

- a. An individual employed full time at the facility who is licensed by the Commonwealth of Virginia to administer medications;
- b. The administrator who is licensed by the Commonwealth of Virginia to administer medications or who has successfully completed a training program approved by the Virginia Board of Nursing for the registration of medication aides. The training program for administrators who supervise medication aides, but are not registered medication aides themselves, must include a minimum of 68 hours of student instruction and training, but need not include the prerequisite for the program or the written examination for registration. The administrator must also meet the requirements of 22 VAC 40-72-210 E; or

~~c. For facilities licensed for residential living care only,~~ The designated assistant administrator, as specified in 22 VAC 40-72-201 E, who is licensed by the Commonwealth of Virginia to administer medications or who has successfully completed a training program approved by the Virginia Board of Nursing for the registration of medication aides. The training program for designated assistant administrators who supervise medication aides, but are not registered medication aides themselves, must include a minimum of 68 hours of student instruction and training, but need not include the prerequisite for the program or the written examination for registration. The designated assistant administrator must also meet the requirements of 22 VAC 40-72-210 E.

22 VAC 40-72-670. Administration of medications and related provisions.

A. Staff who are licensed, registered, or acting as a medication aide on a provisional basis as specified in 22 VAC 40-72-660 shall administer drugs to those residents who are dependent in medication administration as documented on the UAI.

~~B. All Medications shall be removed from the pharmacy container, or the container opened, by a staff person licensed, registered, or acting as a medication aide on a provisional basis as specified in 22 VAC 40-72-660 and administered to the resident by the same staff person. Medications shall remain in the pharmacy issued container, with the prescription label or direction label attached, until administered to the resident. not earlier than one hour before and not later than one hour after the facility's standard dosing schedules, except those drugs that are ordered for specific times, such as before, after or with meals. Pre-pouring for later administration is not permitted.~~

C. Medications shall be administered not earlier than one hour before and not later than one hour after the facility's standard dosing schedule, except those drugs that are ordered for specific times, such as before, after or with meals.

~~C. D.~~ All Medications shall be administered in accordance with the physician's or other prescriber's instructions and consistent with the standards of practice outlined in the current registered medication aide curriculum approved by the Virginia Board of Nursing.

E. Medical procedures or treatments ordered by a physician or other prescriber shall be provided according to his instructions.

~~D. All medications shall remain in the pharmacy issued container, with the legible prescription label or direction label attached, until administered.~~

~~E F.~~ Sample medications shall remain in the original packaging, labeled by a physician or other prescriber or pharmacist with the resident's name, the name of the medication, the strength, dosage, route and frequency of administration, until administered.

~~F~~ G. Over-the-counter medication shall remain in the original container, labeled with the resident's name, or in a pharmacy-issued container, until administered.

~~G. In the event of an adverse drug reaction or a medication error:~~

- ~~1. First aid shall be administered as directed by a physician, pharmacist or the Virginia Poison Control Center.~~
- ~~2. The resident's physician of record shall be notified as soon as possible.~~
- ~~3. The direct care staff person shall document actions taken in the resident's record.~~

H. At the time the medication is administered, the facility shall document on a medication administration record (MAR) all medications administered to residents, including over-the-counter medications, and dietary supplements.

I. The MAR shall include:

1. Name of the resident;
2. Date prescribed;
3. Drug product name;
4. Strength of the drug;
5. Dosage;
6. Diagnosis, condition, or specific indications for administering the drug or supplement;
7. Route (for example, by mouth);
8. How often medication is to be taken;
9. Date and time given and initials of direct care staff administering the medication;
10. Dates the medication is discontinued or changed;
11. Any medication errors or omissions;
12. Description of significant adverse effects suffered by the resident;

13. For PRN medications:

- a. Symptoms for which medication was given;
- b. Exact dosage given; and
- c. Effectiveness; and

14. The name, signature and initials of all staff administering medications.

J. In the event of an adverse drug reaction or a medication error, the following applies:

- 1. Action shall be taken as directed by a physician, pharmacist or a poison control center;
- 2. The resident's physician of record and family member or other responsible person shall be notified as soon as possible; and
- 3. Medication administration staff shall document actions taken in the resident's record.

† K. The performance of all medical procedures and treatments ordered by a physician or other prescriber shall be documented and the documentation shall be retained in the resident's record.

‡ L. The use of PRN (as needed) medications is prohibited, unless one or more of the following conditions exist:

- 1. The resident is capable of determining when the medication is needed;
- 2. Licensed health care professionals ~~are responsible for~~ administer the PRN medication administration and management; or
- 3. Medication aides administer the PRN medication when the facility has obtained from the resident's physician or other prescriber a detailed written instructions medication order. Or a staff person as allowed in 22 VAC 40-72-640 D has telephoned the physician or other prescriber prior to administering the medication, explained the symptoms and received a documented oral order to assist the resident in self-administration. The physician's or other prescriber's instructions The order shall include symptoms that might indicate the use of the medication, exact dosage, the exact time frames the medication is to be given in a 24-hour period, and directions as to what to do if symptoms persist.

M. In order for drugs in a hospice comfort kit to be administered, the requirements specified in subsection L 1-3 of this section must be met, and each medication in the kit must have a prescription label attached by the pharmacy.

~~K~~ N. Medications ordered for PRN administration shall be available, properly labeled for the specific resident and properly stored at the facility.

~~L~~ O. Stat-drug boxes may only be used when the following conditions are met:

1. There is an order from the prescriber for any drug removed from the stat-drug box; and
2. The drug is removed from the stat-drug box and administered by a nurse, pharmacist or prescriber licensed to administer medications.
3. Registered medication aides are not permitted to either remove or administer medications from the stat-drug box.

~~A stat-drug box may be prepared by a pharmacy to provide for initiating therapy prior to the receipt of ordered drugs from the pharmacy. Stat-drug boxes are subject to the conditions specified in 18 VAC 110-20-550 of the Virginia Board of Pharmacy.~~

22 VAC 40-72-680. Medication review.

A. For each resident assessed for residential living care, except for those who self-administer all of their medications, a licensed health care professional, acting practicing within the scope of the requirements of his profession, shall perform an annual review of all the medications of the resident.

B. For each resident assessed for assisted living care, except for those who self-administer all of their medications, a licensed health care professional, acting practicing within the scope of the requirements of his profession, shall perform a review every six months of all the medications of the resident.

C. The medication review shall include prescription drugs, over-the-counter medications and dietary supplements ordered for the resident.

D. If deemed appropriate by the licensed health care professional, the review shall include observation of the resident or interview with the resident or staff.

E. The review shall include, but not be limited to, the following:

1. All medications that the resident is taking and medications that he could be taking if needed (PRNs).

2. An examination of the dosage, strength, route, how often, prescribed duration, and when the medication is taken.
3. Documentation of actual and consideration of potential interactions of drugs with one another.
4. Documentation of actual and consideration of potential interactions of drugs with foods or drinks.
5. Documentation of actual and consideration of potential negative affects of drugs resulting from a resident's medical condition other than the one the drug is treating.
6. Consideration of whether PRNs, if any, are still needed and if clarification regarding use is necessary.
7. Consideration of whether the resident needs additional monitoring or testing.
8. Documentation of actual and consideration of potential adverse effects or unwanted side effects of specific medications.
9. Identification of that which may be questionable, such as (i) similar medications being taken, (ii) different medications being used to treat the same condition, (iii) what seems an excessive number of medications, and (iv) what seems an exceptionally high drug dosage.

F10. The health care professional shall notify the resident's attending physician of any concerns or problems or potential problems shall be reported to the resident's attending physician and document the notification.

~~G. The results of the review shall be documented, signed and dated by the health care professional, and retained in the resident's record. The health care professional shall also document any reports made as required in subsection F of this section. Action taken in response to the report shall also be documented. The documentation required by this subsection shall be retained in the resident's record.~~

F. The licensed health care professional shall certify that the requirements of subdivisions 1 through 10 of this subsection were met, including the date(s) of the medication review. The administrator shall be advised of the findings of the medication review and any recommendations. All of the requirements of this subdivision shall be (i) in writing, (ii) signed and dated by the health care professional, (iii) provided to the administrator within 10 days of the completion of the review, and (iv) maintained in the facility files for at least two years, with any specific recommendations regarding a particular resident also maintained in the resident's record.

G. Action taken in response to the recommendations noted in subsection F above shall be documented in the resident's record.

22 VAC 40-72-690. Oxygen therapy.

When oxygen therapy is provided, the following safety precautions shall be met and maintained:

1. The facility shall have a valid physician's or other prescriber's order that includes the following:
 - a. The oxygen source (such as compressed gas or concentrators);
 - b. The delivery device (such as nasal cannula, reservoir nasal cannulas or masks); and
 - c. The flow rate deemed therapeutic for the resident.
2. The facility shall post "No Smoking-Oxygen in Use" signs and enforce the smoking prohibition in any room of a building where oxygen is in use.
3. The facility shall ensure that only oxygen from a portable source shall be used by residents when they are outside their rooms. The use of long plastic tether lines to the source of oxygen outside their rooms is not permitted.
4. The facility shall make available to staff the emergency numbers to contact the resident's physician or other prescriber and the oxygen vendor for emergency service or replacement.
5. The facility shall demonstrate that all direct care staff responsible for assisting residents who use oxygen supplies have had training or instruction in the use and maintenance of resident-specific equipment.

22 VAC 40-72-700. Restraints.

A. The use of chemical restraints is prohibited.

~~A~~ B. Physical restraints shall not be used for purposes of discipline or convenience. Restraints may only be used to treat a resident's medical symptoms or symptoms from mental illness or ~~mental retardation~~ intellectual disability.

~~B~~ C. The facility may only impose physical restraints when the resident's medical symptoms or symptoms from mental illness or ~~mental retardation~~ intellectual disability warrant the use of restraints, ~~if~~ The restraint is must be:

1. Necessary to ensure the physical safety of the resident or others;
2. Imposed in accordance with a physician's written order that specifies the condition, circumstances and duration under which the restraint is to be used, except in emergency circumstances until such an order can reasonably be obtained; and
3. Not ordered on a standing, blanket, or "as needed" (PRN) basis.

C. Whenever physical restraints are used, the following conditions shall be met:

1. A restraint shall be used only to the minimum extent necessary to protect the resident or others;
2. Restraints shall only be applied by direct care staff who have received training in their use as specified by subdivision 2 of 22 VAC 40-72-310;
3. The facility shall closely monitor the resident's condition, which includes checking on the resident at least every 30 minutes;
4. The facility shall assist the resident as often as necessary, but no less than 10 minutes every hour, for his hydration, safety, comfort, range of motion, exercise, elimination, and other needs;
5. The facility shall release the resident from the restraint as quickly as possible;
6. Direct care staff shall keep a record of restraint usage, outcomes, checks, any assistance required in subdivision 4 of this subsection, and note any unusual occurrences or problems;
7. In nonemergencies (as defined in 22 VAC 40-72-10):
 - a. Restraints shall be used as a last resort and only if the facility, after completing, implementing and evaluating the resident's comprehensive assessment and service plan, determines and documents that less restrictive means have failed;
 - b. Restraints shall be used in accordance with the resident's service plan, which documents the need for the restraint and includes a schedule or plan of rehabilitation training enabling the progressive removal or the progressive use of less restrictive restraints when appropriate;
 - c. The facility shall explain the use of the restraint and potential negative outcomes to the resident or his legal representative and the resident's

right to refuse the restraint; and shall obtain the written consent of the resident or his legal representative;

d. Restraints shall be applied so as to cause no physical injury and the least possible discomfort; and

e. The facility shall notify the resident's legal representative or designated contact person as soon as practicable, but no later than 24 hours after the initial administration of a nonemergency restraint. The facility shall keep the legal representative or designated contact person informed about any changes in restraint usage. A notation shall be made in the resident's record of such notice, including the date, time, caller and person notified.

8. In emergencies (as defined in 22 VAC 40-72-10):

a. Restraints shall not be used unless they are necessary to alleviate an unanticipated immediate and serious danger to the resident or other individuals in the facility;

b. An oral or written order shall be obtained from a physician within one hour of administration of the emergency restraint and the order shall be documented;

c. In the case of an oral order, a written order shall be obtained from the physician as soon as possible;

d. The resident shall be within sight and sound of direct care staff at all times;

e. If the emergency restraint is necessary for longer than two hours, the resident shall be transferred to a medical or psychiatric inpatient facility or monitored in the facility by a mental health crisis team until his condition has stabilized to the point that the attending physician documents that restraints are not necessary; and

f. The facility shall notify the resident's legal representative or designated contact person as soon as practicable, but no later than 12 hours after administration of an emergency restraint. A notation shall be made in the resident's record of such notice, including the date, time, caller and person notified.

~~D. The use of chemical restraints is prohibited.~~

22 VAC 40-72-710. Do Not Resuscitate (DNR) Orders.

A. Do Not Resuscitate Orders for withholding cardiopulmonary resuscitation from an individual in the event of cardiac or respiratory arrest ~~shall~~ may only be carried out in a licensed assisted living facility when:

1. A valid written order has been issued by the resident's attending physician;
2. The written order is included in the individualized service plan; and
3. There is a staff person with a current certification in cardiopulmonary resuscitation (CPR) (See provision from § 63.2-1807 of the Code of Virginia in subsection C of this section) or a licensed nurse available on the premises to implement the order.

B. The facility shall have a system to ensure that all staff are aware of residents who have a valid DNR Order.

C. The DNR Order shall be readily available to other authorized persons, such as EMTs, when necessary.

~~B~~ D. Durable DNR Orders shall not authorize the withholding of other medical interventions, such as intravenous fluids, oxygen or other therapies deemed necessary to provide comfort care or to alleviate pain.

~~C~~ E. Section 63.2-1807 of the Code of Virginia states that the owners or operators of any assisted living facility may provide that their staff who are certified in CPR shall not be required to resuscitate any resident for whom a valid written order not to resuscitate in the event of cardiac or respiratory arrest has been issued by the resident's attending physician and has been included in the resident's individualized service plan.

F. If the owner or operator of a facility has determined that DNR Orders will not be honored, the facility shall have a policy specifying this, and prior to admission, the resident or his legal guardian shall be notified of the policy and sign an acknowledgment of the notification.

22 VAC 40-72-715. Advance Directives.

A. Upon admission or while residing in the facility, whenever the resident has established Advance Directives, such as a Living Will or a Durable Power of Attorney for Health Care, to the extent available, the facility shall obtain the following:

1. The name of and contact information for the individual(s) who has the document(s) and ;

2.The location of the document(s); and

3.Either the Advance Directives or the content of the Advance Directives;

4. The name of and contact information for any designated agent(s), as related to the development and modification of the individualized service plan;

B.If the facility is unable to obtain any of the information/documents as noted in subdivisions 1- 4 of subsection A of this section, the efforts made to do so shall be documented in the resident's record.

C. The information regarding Advance Directives shall be readily available to other authorized persons, such as EMTs, when necessary.

D. A resident requesting assistance with establishing Advance Directives shall be referred to his primary health care provider or attorney.

PART VII. RESIDENT ACCOMMODATIONS AND RELATED PROVISIONS.

22 VAC 40-72-720. Personal possessions.

A. Each resident shall be permitted to keep reasonable personal property in his possession at a facility in order to maintain individuality and personal dignity. ~~These possessions may include, but are not limited to:~~

~~B. 1. Clothing.~~ A facility shall ensure that each resident has his own clothing.

~~a 1.~~ The use of a common clothing pool is prohibited.

~~b 2.~~ If necessary, resident's clothing shall be inconspicuously marked with his name to avoid getting mixed with others.

~~e 3.~~ Residents shall be allowed and encouraged to select their daily clothing and wear clothing to suit their activities and appropriate to weather conditions.

~~C. 2. Personal care items.~~ Each resident shall have his own personal care items. ~~Toilet paper and soap shall be provided for residents at all commonly shared face/hand washing sinks and bathrooms at no additional charge.~~

~~B C.~~ Each facility shall develop and implement a written policy regarding procedures to be followed when a resident's clothing or other personal possession, such as jewelry, television, radio or other durable property, is reported missing. Attempts shall be made to determine the reason for the loss and any reasonable actions shall be taken to

recover the item and to prevent or discourage future losses. The results of the investigation shall be reported in writing to the resident. Documentation shall be maintained for at least two years regarding items that were reported missing and resulting actions that were taken.

22 VAC 40-72-730. Resident rooms.

A. The resident shall be encouraged to furnish or decorate his room as space and safety considerations permit and in accordance with this chapter.

B. Bedrooms shall contain the following items:

1. A separate bed with comfortable mattress, springs and pillow for each resident. Provisions for a double bed for a married couple shall be optional;
2. A table or its equivalent accessible to each bed;
3. An operable bed lamp or bedside light accessible to each resident;
4. A sturdy chair for each resident (~~wheelchairs do not meet the intent of this standard~~);
5. Drawer space for clothing and other personal items. If more than one resident occupies a room, ample drawer space shall be assigned to each individual;
6. At least one mirror (if the resident has an individual adjoining bathroom, the mirror may be in the bathroom); and
7. Window coverings for privacy.

EXCEPTION: Bedrooms are not required to contain an item or items listed in subdivisions 1-7 of this subsection if the resident specifies in writing that he does not wish to have such item or items and understands that he may decide otherwise at any time. The written specification shall be maintained in the resident's record.

C. Adequate and accessible closet or wardrobe space shall be provided for each resident. As of December 28, 2006, in all buildings approved for construction or change in use and occupancy classification, the closet or wardrobe space shall be in the resident's bedroom.

D. The facility shall have sufficient bed and bath linens in good repair so that residents always have clean:

1. Sheets;

2. Pillowcases;
3. Blankets;
4. Bedspreads;
5. Towels;
6. Washcloths; and
7. Waterproof mattress covers when needed.

22 VAC 40-72-740. Living room or multipurpose room.

A. Sitting rooms or recreation areas or both shall be equipped with:

1. Comfortable chairs (e.g., overstuffed, straight-backed, and rockers);
2. Tables;
3. Lamps;
4. Television (if not available in other areas of the facility);
5. Radio (if not available in other areas of the facility); and
6. Current newspaper; and
- ~~7. Materials appropriate for the implementation of the planned activity program, such as books or games.~~

B. Space other than sleeping areas shall be provided for residents for sitting, for visiting with one another or with guests, for social and recreational activities, and for dining. These areas may be used interchangeably.

22 VAC 40-72-750. Dining areas.

Dining areas shall have a sufficient number of sturdy dining tables and chairs to serve all residents, either all at one time or in reasonable shifts.

22 VAC 40-72-760. Laundry and linens.

A. Residents' clothing shall be kept clean and in good repair.

~~B. Table coverings and napkins shall be clean at all times.~~

~~C~~ B. Bed and bath linens shall be changed at least every seven days and more often if needed. In facilities with common bathing areas, bath linens shall be changed after each use.

C. When the facility provides laundry service for residents' clothing or personal linens, the clean items shall be sorted by individual resident.

D. Table coverings and napkins shall be clean at all times.

~~D~~ E. Table and kitchen linens shall be laundered separately from other washable goods.

~~E~~ F. When bed, bath, table and kitchen linens are washed, the water shall be above 140°F or the dryer shall heat the linens above 140°F as verified by the manufacturer or a sanitizing agent shall be used according to the manufacturer's instructions.

22 VAC 40-72-770. Transportation.

The resident shall be assisted in making arrangements for transportation as necessary.

22 VAC 40-72-780. Incoming and outgoing mail.

A. Incoming and outgoing mail shall not be censored.

B. Incoming mail shall be delivered promptly.

C. Mail shall not be opened by staff or volunteers except upon request of the resident and in his presence or written request of the legal representative.

22 VAC 40-72-790. Telephones.

A. Each building shall have at least one operable, nonpay telephone easily accessible to staff. There shall be additional telephones or extensions as may be needed to summon help in an emergency.

B. The resident shall have reasonable access to a nonpay telephone on the premises.

C. Privacy shall be provided for residents to use a telephone.

22 VAC 40-72-800. Smoking.

A. Smoking by residents, staff, volunteers, and visitors shall be done only in areas designated by the facility and approved by the State Fire Marshal or local fire official. Smoking shall not be allowed in a kitchen or food preparation areas. A facility may prohibit smoking on its premises.

B. All designated smoking areas shall be provided with suitable ashtrays.

C. Residents shall not be permitted to smoke in or on their beds.

D. All common areas shall have smoke-free areas designated for nonsmokers.

22 VAC 40-72-810. Resident councils.

A. The facility shall permit and encourage the formation of a resident council by residents, and shall assist the residents in its establishment.

B. The purposes of the resident council shall be to:

1. Work with the administration in improving the quality of life for all residents;

2. Discuss the services offered by the facility and make recommendations for resolution of identified problems or concerns; and

3. Perform other functions as determined by the council.

~~B~~ C. The resident council shall be composed of residents of the facility and the council may extend membership to family members, advocates, friends, and others. Residents shall be encouraged, but shall not be compelled, to attend meetings.

~~C~~ D. The facility shall assist residents in maintaining the resident council, including, but not limited to:

1. Scheduling regular meetings;

2. Providing space for meetings;

3. Posting notice for meetings;

4. Providing assistance in attending meetings for those residents who request it; and

5. Preparing written reports of meetings as requested by the council for dissemination to all residents.

E. The facility shall provide a written response to the council prior to the next meeting regarding any recommendations made by the council for resolution of problems or concerns.

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~~D~~ F. In order to promote a free exchange of ideas, ~~at least part of each meeting shall be allowed to be conducted without the presence of any facility personnel~~ shall be only at the request of the council.

~~E.~~ The purposes of the resident council shall be to:

- ~~1. Work with the administration in improving the quality of life for all residents;~~
- ~~2. Discuss the services offered by the facility and make recommendations for resolution of identified problems or concerns; and~~
- ~~3. Perform other functions as determined by the council.~~

~~F~~ G. If there is no council, the facility shall annually remind residents that they may establish a resident council and that the facility would assist in its formation and maintenance. The general purpose of the council shall also be explained at this time.

22 VAC 40-72-820. Pets living in the assisted living facility.

A. Each assisted living facility shall develop and implement a written policy regarding pets living on the premises that will ensure the safety and well-being of all residents and staff.

B. If an assisted living facility allows pets to live on the premises, the facility shall the following applies:

~~1. Develop, implement and disclose to potential and current residents policies regarding:~~

1. The policy specified in subsection A of this section shall include:

- a. The types of pets that are permitted in the assisted living facility; and
- b. The conditions under which pets may be in the assisted living facility.

~~2. Maintain documentation of disclosure of pet policies in the resident's record.~~

~~3~~ 2. ~~Ensure that~~ Before being allowed to live on the premises, ~~the animal~~ pets shall have had all recommended or required immunizations and shall be certified by a licensed veterinarian to be free of diseases transmittable to humans.

~~4~~ 3. ~~Ensure that animals~~ Pets living on the assisted living facility premises:

- a. Shall have regular examinations and immunizations, appropriate for the species, by a licensed veterinarian; and

b..~~Are~~ Shall be restricted from central food preparation areas.

4. Documentation of examinations and immunizations shall be maintained at the facility.

5. ~~Ensure that common household Pets, exotic pets, animals, birds, insects, reptiles, and fish are~~ shall be well treated and cared for in compliance with state regulations and local ordinances.

6. ~~Ensure that Any resident's rights, preferences, and medical needs are~~ shall not be compromised by the presence of ~~an animal~~ a pet.

7. ~~Ensure Any animal pet living on the premises has~~ shall have a suitable temperament, is be healthy, and otherwise poses ~~no~~ significant health or safety risks to residents, staff, volunteers, or visitors.

8. ~~Maintain documentation of immunizations and examinations at the facility.~~

22 VAC 40-72-830. Pets visiting the assisted living facility.

If an assisted living facility allows pets to visit the premises, the following shall apply:

1. Any pet ~~or animal~~ present at the facility shall be in good health and show no evidence of carrying any disease;

2. The facility ~~shall ensure that~~ Any resident's rights, preferences, and medical needs ~~are~~ shall not be compromised by the presence of an ~~animal pet~~; and

3. The facility ~~shall ensure~~ Any animal pet is shall be well-treated while visiting on the premises, ~~has~~ have a suitable temperament and otherwise poses no significant health or safety risks to residents, staff, volunteers, or visitors.

PART VIII. BUILDINGS AND GROUNDS.

22 VAC 40-72-840. General requirements.

A. Buildings licensed for ambulatory residents or nonambulatory residents shall be classified by and meet the specifications for the proper use and occupancy classification as required by the Virginia Uniform Statewide Building Code (13 VAC 5-63).

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B. ~~A certificate of occupancy~~ Documentation completed and signed by the building official shall be obtained as evidence of compliance with the applicable edition of the Virginia Uniform Statewide Building Code.

C. Before construction begins or contracts are awarded for any new construction, remodeling, or alterations, plans shall be submitted to the department for review.

D. Doors and windows.

1. All doors shall open and close readily and effectively.

2. Any doorway ~~or window~~ that is used for ventilation shall be effectively screened.

3. Any operable window, i.e., a window that may be opened, shall be effectively screened.

E. There shall be enclosed walkways between residents' rooms and dining and sitting areas that are adequately lighted, heated, and ventilated.

F. There shall be an ample supply of hot and cold water from an approved source available to the residents at all times.

G. Hot water at taps available to residents shall be maintained within a range of 105°F to 120°F.

H. Where there is an outdoor area accessible to residents, such as a porch or lawn, it shall be equipped with furniture in season.

~~I. Each facility shall store~~ Gcleaning supplies and other hazardous materials shall be stored in a locked area, except as noted in subsection J below. ~~This safeguard shall be optional in an independent living environment.~~

J. A resident may be permitted to keep his own cleaning supplies/other hazardous materials in a secure place in his room if the resident does not have a serious cognitive impairment with an inability to recognize danger or protect his own safety and welfare. The cleaning supplies/other hazardous materials shall be stored so that they are not accessible to other residents.

EXCEPTION: When a resident keeps his own cleaning supplies/other hazardous materials in his room, if the facility has no residents with serious cognitive impairments who cannot recognize danger or protect their own safety and welfare, the facility may determine that the security and inaccessibility safeguards specified in this subsection do not apply, unless mandated by the

Virginia Uniform Statewide Building Code or Virginia Statewide Fire Prevention Code.

~~J~~ K. Each facility shall develop and implement a written policy regarding weapons on the premises of the facility that will ensure the safety and well-being of all residents and staff. Any facility permitting any type of firearm on the premises must include procedures to ensure that ammunitions and firearms are stored separately and in locked locations.

22 VAC 40-72-850. Maintenance of buildings and grounds.

A. The interior and exterior of all buildings shall be maintained in good repair, and shall be kept clean and free of rubbish.

~~B. The interior and exterior of all buildings shall be kept clean and shall be free of rubbish.~~

~~C~~ B. All buildings shall be well-ventilated and free from foul, stale and musty odors.

~~D~~ C. Adequate provisions for the collection and legal disposal of garbage, ashes and waste material shall be made.

~~1. Covered, vermin-proof, watertight containers shall be used.~~

~~2. Containers shall be emptied and cleaned at least once a week.~~

~~E~~ D. Buildings shall be kept free of flies, roaches, rats and other infestations of insects and vermin. The grounds shall be kept free of their breeding places.

~~F~~ E. All furnishings, fixtures and equipment, including, but not limited to, furniture, window coverings, sinks, toilets, bathtubs, and showers, shall be kept clean and in good repair and condition, except that furnishings and equipment owned by a resident shall be, at a minimum, in safe condition and not soiled in a manner that presents a health hazard.

~~G. Heating, cooling, and lighting features required by 22 VAC 40-72-860 and 22 VAC 40-72-870 shall be kept in safe, operable condition.~~

~~H~~ F. All inside and outside steps, stairways and ramps shall have nonslip surfaces.

~~I~~ G. Grounds shall be properly maintained to include mowing of grass and removal of snow and ice.

~~J~~ H. Handrails shall be provided on all stairways, ramps, elevators, and at changes of floor level.

~~K~~ I. Elevators, where used, shall be kept in good running condition and shall be inspected at least annually. Elevators shall be inspected in accordance with the Virginia Uniform Statewide Building Code (13 VAC 5-63). The signed and dated certificate of inspection issued by the local authority, ~~by the insurance company, or by the elevator company~~ shall be evidence of such inspection.

22 VAC 40-72-860. Heating, ventilation, and cooling.

~~A. Rooms extending below ground level shall not be used for residents unless they are dry and well-ventilated. Bedrooms below ground level shall have required square footage of glazed window space and ceiling height required by this chapter.~~

~~B~~ A. At least one movable thermometer shall be available in each building for measuring temperatures in individual rooms that do not have a fixed thermostat that shows the temperature in the room.

~~C~~ B. Heat Heating.

1. Heat shall be supplied from a central heating plant or ~~by an approved electrical heating system~~ in accordance with the Virginia Uniform Statewide Building Code.

2. Provided their installation or operation has been approved by the state or local building or fire authorities, space heaters, such as but not limited to, wood burning stoves, coal burning stoves, and oil heaters, or portable heating units either vented or unvented, may be used only to provide or supplement heat in the event of a power failure or similar emergency. These appliances shall be used in accordance with the manufacturer's instructions.

3. ~~When outside temperatures are below 68°F, a~~ A temperature of at least 72°F shall be maintained in all areas used by residents during hours when residents are normally awake. During night hours, when residents are asleep, a temperature of at least 68°F shall be maintained. This standard applies unless otherwise mandated by federal or state authorities.

EXCEPTION: The facility may allow the temperature in a bedroom in which only one resident resides, that has a thermostat in the room, to be controlled by the resident as long as the temperature does not endanger the health, safety or welfare of the resident.

~~D~~ C. Cooling devices.

1. ~~Cooling devices shall be made available in those areas of buildings used by residents when inside temperatures exceed 80°F.~~

~~2. Cooling devices shall be placed to minimize drafts.~~

~~3. Any electric fans shall be screened and placed for the protection of the residents.~~

~~4. When air conditioners are not provided in all areas used by residents, the facility shall develop and implement a plan to protect residents from heat-related illnesses.~~

~~5. As of June 28, 2007, the largest common area used by residents shall have air conditioning equipment. The temperature in this common area shall not exceed 80°F.~~

~~6. As of December 28, 2006, in all buildings approved for construction or change in use and occupancy classification, as referenced in the Virginia Uniform Statewide Building Code (13 VAC 5-63), the facility shall provide an air conditioning system for all areas used by residents, including residents' bedrooms and common areas. Temperatures in all areas used by residents shall not exceed 80°F.~~

~~7 1. As of December 28, 2012, the The facility shall provide in all buildings an air conditioning system for all areas used by residents, including residents' bedrooms and common areas. Temperatures in all areas used by residents shall not exceed 80°F.~~

EXCEPTION: The facility may allow the temperature in a bedroom in which only one resident resides, that has a thermostat in the room, to be controlled by the resident as long as the temperature does not endanger the health, safety or welfare of the resident.

~~a. The facility shall develop an implementation plan, which includes the type of system to be utilized and equipment needed.~~

~~b. The implementation plan shall be filed with the department's licensing inspector by December 28, 2008.~~

2. Any electric fans shall be screened and placed for the protection of the residents.

D. The facility shall develop and implement a plan to protect residents from heat and cold- related illnesses in the event of loss of air-conditioning or heat due to emergency situations or mal-functioning or broken equipment.

22 VAC 40-72-870. Lighting and lighting fixtures.

A. Artificial lighting shall be by electricity.

B. All interior and exterior areas shall be ~~well-lighted~~ adequately lighted for the safety and comfort of the residents and staff ~~according to the nature of activities.~~

~~C. Outside entrances and parking areas shall be lighted for protection against injuries and intruders.~~

~~D. Hallways, stairwells, foyers, doorways, and exits utilized by residents shall be kept well-lighted at all times residents are present in the building.~~

~~E. Additional lighting, as necessary to provide and ensure presence of contrast, shall be available for immediate use in areas that may present safety hazards, such as, but not limited to, stairways, doorways, passageways, changes in floor level, kitchen, bathrooms and basements.~~

~~F~~ C. Glare shall be kept at a minimum in rooms used by residents. When necessary to reduce glare, coverings shall be used for windows and lights.

~~G~~ D. If used, fluorescent lights shall be replaced if they flicker or make noise.

22 VAC 40-72-880. Sleeping areas.

Resident sleeping quarters shall provide:

1. For not less than 450 cubic feet of air space per resident;

2. For square footage as provided in this subdivision:

a. As of February 1, 1996, all buildings approved for construction or change in use and occupancy classification, as referenced in the Virginia Uniform Statewide Building Code (13 VAC 5-63), shall have not less than 100 square feet of floor area in bedrooms accommodating one resident; otherwise not less than 80 square feet of floor area in bedrooms accommodating one resident shall be required.

b. As of February 1, 1996, all buildings approved for construction or change in use and occupancy classification, as referenced in the Virginia Uniform Statewide Building Code, shall have not less than 80 square feet of floor area per person in bedrooms accommodating two or more residents; otherwise not less than 60 square feet of floor area per person in bedrooms accommodating two or more persons shall be required;

3. For ceilings at least 7-1/2 feet in height;
4. For window areas as provided in this subdivision:
 - a. There shall be at least eight square feet of glazed window area ~~above ground level~~ in a room housing one person; and
 - b. There shall be at least six square feet of glazed window area ~~above ground level~~ per person in rooms occupied by two or more persons;
5. For occupancy as provided in this subdivision:
 - a. As of December 28, 2006, in all buildings approved for construction or change in use and occupancy classification, as referenced in the Virginia Uniform Statewide Building Code (13 VAC 5-63), there shall be no more than two residents residing in a bedroom.
 - b. Unless the provisions of subdivision a of this subdivision apply, there shall be no more than four residents residing in a bedroom;
6. For at least three feet of space between sides and ends of beds that are placed in the same room;
7. That no bedroom shall be used as a corridor to any other room;
8. That all beds shall be placed only in bedrooms; and
9. That household members and staff shall not share bedrooms with residents.

22 VAC 40-72-885. Common Rooms.

As of October 9, 2001, buildings approved for construction or change in use and occupancy classification, as referenced in the Virginia Uniform Statewide Building Code (13 VAC 5-63), shall have a glazed window area above ground level in at least one of the common rooms, e.g., living room, multipurpose room, dining room. The square footage of the glazed window area shall be at least 8.0% of the square footage of the floor area of the common room.

22 VAC 40-72-890. Toilet, face/hand washing and bathing facilities.

A. In determining the number of toilets, face/hand washing sinks, bathtubs or showers required, the total number of persons residing on the premises shall be considered. Unless there are separate facilities for household members or staff, they shall be counted in determining the required number of fixtures, except that for bathtubs or showers, the staff count shall include only live-in staff.

1. As of December 28, 2006, in all buildings approved for construction or change in use and occupancy classification, as referenced in the Virginia Uniform Statewide Building Code (13 VAC 5-63), on each floor where there are residents' bedrooms, there shall be:

- a. At least one toilet for each four persons, or portion thereof;
- b. At least one face/hand washing sink for each four persons, or portion thereof;
- c. At least one bathtub or shower for each seven persons, or portion thereof;
- d. Toilets, face/hand washing sinks and bathtubs or showers in separate rooms for men and women where more than four persons live on a floor. Bathrooms equipped to accommodate more than one person at a time shall be labeled by gender. Gender designation of bathrooms shall remain constant during the course of a day.

2. Unless the provisions of subdivision 1 of this subsection apply, on each floor where there are residents' bedrooms, there shall be:

- a. At least one toilet for each seven persons, or portion thereof;
- b. At least one face/hand washing sink for each seven persons, or portion thereof;
- c. At least one bathtub or shower for each 10 persons, or portion thereof;
- d. Toilets, face/hand washing sinks and bathtubs or showers in separate rooms for men and women where more than seven persons live on a floor. Bathrooms equipped to accommodate more than one person at a time shall be labeled by gender. Gender designation of bathrooms shall remain constant during the course of a day.

3. As of December 28, 2006, in all buildings approved for construction or change in use and occupancy classification, as referenced in the Virginia Uniform Statewide Building Code (13 VAC 5-63), when residents' rooms are located on the same floor as the main living or dining area, in addition to the requirements of subdivision 1 of this subsection, there shall be at least one more toilet and face/hand washing sink, which is available for common use. The provisions of subdivision 4 c of this subsection shall also apply.

4. On floors used by residents where there are no residents' bedrooms there shall be:

a. At least one toilet;

b. At least one face/hand washing sink;

c. Toilets and face/hand washing sinks in separate rooms for men and women in facilities where there are 10 or more residents. Bathrooms equipped to accommodate more than one person at a time shall be designated by gender. Gender designation of bathrooms must remain constant during the course of a day.

B. Bathrooms shall provide for privacy for such activities as bathing, toileting, and dressing.

C. There shall be ventilation to the outside in order to eliminate foul odors.

D. The following sturdy safeguards shall be provided, with installation in compliance with the Virginia Uniform Statewide Building Code (13 VAC 5-63):

1. Handrails by bathtubs;

2. Grab bars by toilets; and

3. Handrails inside and stools available to stall showers.

EXCEPTION: These safeguards shall be optional for individuals with independent living status.

E. Bathtubs and showers shall have nonskid surfacing or strips.

F. The face/hand washing sink shall be in the same room as the toilet or in an adjacent private area that is not part of a common use area of the assisted living facility.

G. The assisted living facility shall provide private or common use toilet, face/hand washing and bathing facilities to meet the needs of each resident.

22 VAC 40-72-900. Toilet, and face/hand washing sink and bathing supplies.

A. The facility shall have an adequate supply of toilet tissue and soap. Toilet tissue shall be accessible to each commode and soap shall be accessible to each face/hand washing sink and each bathtub or shower.

B. Common face/hand washing sinks shall have paper towels or an air dryer and liquid soap for hand washing.

C. Residents may not share bar soap.

D. The facility may not charge an additional amount for toilet paper, soap, paper towels or use of an air dryer at common sinks and commodes.

22 VAC 40-72-910. Provisions for signaling/call systems.

A. All assisted living facilities shall have a signaling device that is easily accessible to the resident in his bedroom or in a connecting bathroom that alerts the direct care staff that the resident needs assistance.

B. In buildings licensed to care for 20 or more residents under one roof, there shall be a signaling device that terminates at a central location that is continuously staffed and permits staff to determine the origin of the signal or is audible and visible in a manner that permits staff to determine the origin of the signal.

C. In buildings licensed to care for 19 or fewer residents under one roof, if the signaling device does not permit staff to determine the origin of the signal as specified in subsection B of this section, direct care staff shall make rounds at least once each hour to monitor for emergencies or other unanticipated resident needs. These rounds shall begin when the majority of the residents have gone to bed each evening and shall terminate when the majority of the residents have arisen each morning, and shall be documented as follows:

1. A written log shall be maintained showing the date and time rounds were made and the signature of the direct care staff member who made rounds.
2. Logs for the past two years shall be retained.

D. If there are residents with an inability to use the signaling device, direct care staff shall make rounds for these residents at least once each hour to monitor for emergencies or other unanticipated resident needs. This shall be reflected on the resident's individualized service plan. The rounds shall be documented as follows:

1. A written log shall be maintained showing the date and time rounds were made and the signature of the direct care staff member who made rounds.
2. Logs for the past two years shall be retained.

22 VAC 40-72-920. Fire safety: compliance with state regulations and local fire ordinances.

A. An assisted living facility shall comply with the Virginia Statewide Fire Prevention Code (13 VAC 5-51) as determined by at least an annual inspection by the appropriate fire official. Reports of the inspections shall be retained at the facility for at least two years.

B. An assisted living facility shall comply with any local fire ordinance.

**PART IX.
EMERGENCY PREPAREDNESS.**

22 VAC 40-72-930. Emergency preparedness and response plan.

A. The facility shall develop a written emergency preparedness and response plan that shall address:

1. Documentation of initial and annual contact with the local emergency coordinator to determine (i) local disaster risks, (ii) communitywide plans to address different disasters and emergency situations, and (iii) assistance, if any, that the local emergency management office will provide to the facility in an emergency.

2. Analysis of the facility's potential hazards, including severe weather, fire, loss of utilities, flooding, work place violence or terrorism, severe injuries, or other emergencies that would disrupt normal operation of the facility.

3. Written emergency management policies ~~outlining specific responsibilities~~ and procedures for provision of:

- a. Administrative direction and management of response activities;
- b. Coordination of logistics during the emergency;
- c. Communications;
- d. Life safety of residents, staff, volunteers, and visitors;
- e. Property protection;
- f. Continued ~~provision of~~ services to residents;
- g. Community resource accessibility; and

h. Recovery and restoration.

4. Written emergency response procedures for assessing the situation; protecting residents, staff, volunteers, visitors, equipment, medications, and vital records; and restoring services. Emergency procedures shall address:

- a. Alerting emergency personnel and facility staff;
- b. Warning and notification of residents, including sounding of alarms when appropriate;
- c. Providing emergency access to secure areas and opening locked doors;
- d. Conducting evacuations and sheltering in place, as appropriate, and accounting for all residents;
- e. Locating and shutting off utilities when necessary;
- f. Maintaining and operating emergency equipment effectively and safely;
- g. Communicating with staff and community emergency responders during the emergency; and
- h. Conducting relocations to emergency shelters or alternative sites when necessary and accounting for all residents.

5. Supporting documents that would be needed in an emergency, including emergency call lists, building and site maps necessary to shut off utilities, memoranda of understanding with relocation sites, and list of major resources such as suppliers of emergency equipment.

B. Staff and volunteers shall be knowledgeable in and prepared to implement the emergency preparedness plan in the event of an emergency.

C. The facility shall develop and implement an orientation and quarterly review on the emergency preparedness and response plan for all staff, residents, and volunteers. The orientation and review shall cover responsibilities for:

1. Alerting emergency personnel and sounding alarms;
2. Implementing evacuation, shelter in place, and relocation procedures;
3. Using, maintaining, and operating emergency equipment;

4. Accessing emergency medical information, equipment, and medications for residents;

5. Locating and shutting off utilities; and

6. Utilizing community support services.

D. The facility shall review the emergency preparedness plan annually or more often as needed and make necessary revisions. Such revisions shall be communicated to staff, residents, and volunteers and incorporated into the orientation and quarterly review for staff, residents, and volunteers.

E. In the event of a disaster, fire, emergency or any other condition that may jeopardize the health, safety and welfare of residents, the facility shall take appropriate action to protect the health, safety and welfare of the residents and take appropriate actions to remedy the conditions as soon as possible.

F. After the disaster/emergency is stabilized, the facility shall:

1. Notify family members and legal representatives; and

2. Report the disaster/emergency to the regional licensing office by the next working day as specified in 22 VAC 40-72-100.

22 VAC 40-72-940. Fire and emergency evacuation plan.

A. Assisted living facilities shall have a written plan for fire and emergency evacuation that is to be followed in the event of a fire or other emergency. The plan shall be approved by the appropriate fire official.

B. A fire and emergency evacuation drawing shall be posted in a conspicuous place on each floor of each building used by residents. The drawing shall show primary and secondary escape routes, areas of refuge, assembly areas, telephones, fire alarm boxes, and fire extinguishers, as appropriate.

C. The telephone numbers for the fire department, rescue squad or ambulance, police, and Poison Control Center shall be posted by each telephone shown on the fire and emergency evacuation plan.

D. ~~An~~ In assisted living facilities where all outgoing telephone calls must be placed through a central switchboard located on the premises, ~~this~~ the information required in subsection C of this section may be posted by the switchboard rather than by each telephone, providing this switchboard is manned 24 hours each day.

E. Staff and volunteers shall be fully informed of the approved fire and emergency evacuation plan, including their duties, and the location and operation of fire extinguishers, fire alarm boxes, and any other available emergency equipment.

22 VAC 40-72-950. Fire and emergency evacuation drills.

A. Fire and emergency evacuation drill frequency and participation shall be in accordance with the current edition of the Virginia Statewide Fire Prevention Code (13 VAC 5-51). The drills required for each shift in a quarter shall not be conducted in the same month.

B. Additional fire and emergency evacuation drills may be held at the discretion of the administrator or licensing inspector and must be held when there is any reason to question whether the requirements of the approved fire and emergency evacuation plan can be met.

C. Each required fire and emergency evacuation drill shall be unannounced.

D. Immediately following each required fire and emergency evacuation drill, there shall be an evaluation of the drill by the staff in order to determine the effectiveness of the drill. The licensee or administrator shall immediately correct any problems identified in the evaluation and document the corrective action taken.

E. A record of the required fire and emergency evacuation drills shall be kept in the facility for two years. Such record shall include:

1. Identity of the person conducting the drill;
2. The date and time of the drill;
3. The method used for notification of the drill;
4. The number of staff participating;
5. The number of residents participating;
6. Any special conditions simulated;
7. The time it took to complete the drill;
8. Weather conditions; and
9. Problems encountered, if any.

22 VAC 40-72-960. Emergency equipment and supplies.

A. A complete first aid kit shall be on hand at the facility, located in a designated place that is easily accessible to staff but not to residents. Items with expiration dates must not have dates that have already passed. The kit shall include, but not be limited to, the following items:

- ~~1. Activated charcoal (use only if instructed by physician or Poison Control Center);~~
- 2 1. Adhesive tape;
2. Antibiotic cream or ointment packets;
3. Antiseptic wipes or ointment;
4. Band-aids (assorted sizes);
5. Blankets (disposable or other);
6. Disposable single use breathing barriers/shields for use with rescue breathing or CPR (CPR mask or other type);
7. Cold pack;
8. Disposable single use waterproof gloves;
9. Gauze pads and roller gauze (assorted sizes);
- 10 . Hand cleaner (e.g., waterless hand sanitizer or antiseptic towelettes);
11. Plastic bags;
12. Scissors;
13. Small flashlight and extra batteries;
14. Thermometer;
15. Triangular bandages;
16. Tweezers; ~~and~~
17. 81 mg aspirin in single packets or small bottle; and
- ~~47~~ 18. The first aid instructional manual.

B. In facilities that have a motor vehicle that is used to transport residents and in a motor vehicle used for a field trip, there shall be a first aid kit on the vehicle, located in a designated place that is accessible to staff but not residents, that includes items as specified in subsection A of this section.

C. First aid kits shall be checked at least monthly to assure that all items are present and items with expiration dates are not past their expiration date.

D. Each facility with six or more residents shall be able to connect to a temporary emergency electrical power source for the provision of electricity during an interruption of the normal electric power supply. The installation of a connection for temporary electric power shall be in compliance with the Virginia Uniform Statewide Building Code, 13 VAC 5-63.

E. The following emergency lighting shall be available:

1. Flashlights or battery lanterns for general use.
2. One flashlight or battery lantern for each employee directly responsible for resident care ~~who is on duty between 5 p.m. and 7 a.m.~~
3. One flashlight or battery lantern for each bedroom used by residents and for the living and dining area unless there is a provision for emergency lighting in the adjoining hallways.
4. The use of open flame lighting is prohibited.

F. There shall be ~~an alternative form of communication in addition to the telephone such as a cell phone, two-way radio, or ham radio~~ two forms of communication for use in an emergency.

G. The facility shall ensure the availability of a 96-hour supply of emergency food and drinking water, and oxygen for residents using oxygen. At least 48 hours of the supply must be on-site at any given time.

22 VAC 40-72-970. Plan for resident emergencies and practice exercise.

A. Assisted living facilities shall have a written plan for resident emergencies that includes:

1. Procedures for handling medical emergencies including identifying the staff person responsible for (i) calling the rescue squad, ambulance service, resident's physician, or Poison Control Center, and (ii) providing first aid and CPR, when indicated.
 2. Procedures for handling mental health emergencies such as, but not limited to, catastrophic reaction or the need for a temporary detention order.
 3. Procedures for making pertinent medical information and history available to the rescue squad and hospital, including but not limited to information on medications and any advance directives.
 4. Procedures to be followed in the event that a resident is missing, including but not limited to (i) involvement of facility staff, appropriate law-enforcement agency, and others as needed; (ii) areas to be searched; (iii) expectations upon locating the resident; and (iv) documentation of the event.
 5. Procedures for notifying the resident's family, legal representative, designated contact person, and any responsible social agency.
 6. Procedures for notifying the regional licensing office as specified in 22 VAC 40-72-100.
- B. At least once every six months, all staff on each shift shall participate in an exercise in which the procedures for resident emergencies are practiced. Documentation of each exercise shall be maintained in the facility for at least two years.
- C. The plan for resident emergencies shall be readily available to all staff.

PART X.
**ADDITIONAL REQUIREMENTS FOR FACILITIES THAT CARE FOR ADULTS WITH
SERIOUS COGNITIVE IMPAIRMENTS WHO CANNOT RECOGNIZE DANGER OR
PROTECT THEIR OWN SAFETY AND WELFARE.**

Article1.
Subjectivity.

22 VAC 40-72-980. Subjectivity.

All facilities that care for residents with serious cognitive impairments due to a primary psychiatric diagnosis of dementia who cannot recognize danger or protect their own safety and welfare shall be subject to either Article 2 (22 VAC 40-72-990 et seq.) or Article 3 (22 VAC 40-72-1060 et seq.) of this part. All facilities that care for residents

with serious cognitive impairments due to any other diagnosis who cannot recognize danger or protect their own safety and welfare shall be subject to Article 2 of this part.

**Article 2.
Mixed Population.**

22 VAC 40-72-990. Applicability.

The requirements in this article apply when there is a mixed population consisting of any combination of (i) residents who have serious cognitive impairments due to a primary psychiatric diagnosis of dementia who are unable to recognize danger or protect their own safety and welfare and who are not in a special care unit as provided for in Article 3 (22 VAC 40-72-1060 et seq.) of this part; (ii) residents who have serious cognitive impairments due to any other diagnosis who cannot recognize danger or protect their own safety and welfare; and (iii) other residents. The requirements in this article also apply when all the residents have serious cognitive impairments due to any diagnosis other than a primary psychiatric diagnosis of dementia and cannot recognize danger or protect their own safety and welfare. Except for special care units covered by Article 3 of this part, these requirements apply to the entire facility unless specified otherwise.

~~EXCEPTION: The requirements in this article do not apply when facilities are licensed for 10 or fewer residents if no more than three of the residents have serious cognitive impairments, when the residents cannot recognize danger or protect their own safety and welfare. Each prospective resident or his legal representative shall be notified of this exception prior to admission.~~

22 VAC 40-72-1000. Staffing.

A. When residents are present, there shall be at least two direct care staff members awake and on duty at all times in each building who shall be responsible for the care and supervision of the residents.

B. During trips away from the facility, there shall be sufficient direct care staff to provide sight and sound supervision to all residents who cannot recognize danger or protect their own safety and welfare.

EXCEPTION: The requirements of subsections A and B in this section do not apply when facilities are licensed for 10 or fewer residents if no more than three of the residents have serious cognitive impairments, when the residents cannot recognize danger or protect their own safety and welfare. Each prospective resident or his legal representative shall be notified of this exception prior to admission.

22 VAC 40-72-1010. Staff training.

~~A. Commencing immediately upon employment and within three months, the administrator shall attend 12 hours of training in cognitive impairment that meets the requirements of subsection C of this section. This training is counted toward the annual training requirement for the first year, except that for licensed administrators, whether the training counts toward continuing education and for what period of time depends upon the administrator licensure requirements. Previous training that meets the requirements of subsection C of this section and was completed in the year prior to employment is transferable if there is documentation of the training. The documented previous training is counted toward the required 12 hours but not toward the annual training requirement, except as noted earlier in this subsection.~~

A. Commencing immediately upon employment and within three months, the administrator shall attend 12 hours of training in cognitive impairment that meets the requirements of subsection C of this section.

1. Training in cognitive impairment that meets the requirements of subsection C of this section and was completed in the year prior to employment is transferable and counts toward the required 12 hours if there is documentation of the training.

2. Whether the training counts toward continuing education for administrator licensure and for what period of time depends upon the licensure requirements of the Virginia Board of Long-Term Care Administrators.

~~B. Commencing immediately upon employment and within four months, direct care staff shall attend four hours of training in cognitive impairment that meets the requirements of subsection C of this section. This training is counted toward meeting the annual training requirement for the first year. Previous training that meets the requirements of subsection C of this section and was completed in the year prior to employment is transferable if there is documentation of the training. The documented previous training is counted toward the required four hours but not toward the annual training requirement.~~

B. Commencing immediately upon employment and within four months, direct care staff shall attend four six hours of training in cognitive impairment that meets the requirements of subsection C of this section.

1. The four six hour training received within the first four months of employment is counted toward the annual training requirement for the first year.

2. Training in cognitive impairment that meets the requirements of subsection C of this section and was completed in the year prior to employment is transferable if there is documentation of the training.

3. The documented previous cognitive impairment training referenced in subdivision 2 immediately above is counted toward the required ~~four~~ six hours but not toward the annual training requirement.

C. Curriculum for the training in cognitive impairment for direct care staff and administrators shall be developed by a qualified health professional or by a licensed social worker, shall be relevant to the population in care, shall maximize the level of a resident's functional ability, and shall include, but need not be limited to:

1. Explanation of cognitive impairments;
2. Resident care techniques;
3. Behavior management;
4. Communication skills;
5. Activity planning; and
6. Safety considerations.

D. Within the first month of employment, staff other than the administrator and direct care staff shall complete ~~one hour~~ two hours of training on the nature and needs of residents with cognitive impairments relevant to the population in care.

22 VAC 40-72-1020. Doors and windows.

A. Doors leading to the outside shall have a system of security monitoring of residents with serious cognitive impairments who cannot recognize danger or protect their own safety and welfare, such as door alarms, cameras, constant staff oversight, security bracelets that are part of an alarm system, or delayed egress mechanisms. Residents with serious cognitive impairments who cannot recognize danger or protect their own safety and welfare may be limited but not prohibited from exiting the facility or any part thereof. Before limiting any resident from freely leaving the facility, the resident's record shall reflect the behavioral observations or other bases for determining that the resident has a serious cognitive impairment and an inability to recognize danger or protect his own safety and welfare.

B. There shall be protective devices on the bedroom and the bathroom windows of residents with serious cognitive impairments who cannot recognize danger or protect their own safety and welfare and on windows in common areas accessible to these residents to prevent the windows from being opened wide enough for a resident to crawl through. The protective devices on the windows shall be in conformance with the Virginia Uniform Statewide Building Code (13 VAC 5-63).

22 VAC 40-72-1030. Outdoor area access.

A. The facility shall have a secured outdoor area for the residents' use or provide direct care staff supervision while residents with serious cognitive impairments who cannot recognize danger or protect their own safety and welfare are outside.

B. Residents with serious cognitive impairments who cannot recognize danger or protect their own safety and welfare shall be given the opportunity to be outdoors on a daily basis, weather permitting.

22 VAC 40-72-1040. Indoor walking area.

The facility shall provide to residents free access to an indoor walking corridor or other indoor area that may be used for walking.

22 VAC 40-72-1050. Environmental precautions.

A. Special environmental precautions shall be taken by the facility to eliminate hazards to the safety and well-being of residents with serious cognitive impairments who cannot recognize danger or protect their own safety and welfare. Examples of environmental precautions include signs, carpet patterns and arrows that point the way, and reduction of background noise.

B. When there are indications that ordinary materials or objects may be harmful to a resident with a serious cognitive impairment who cannot recognize danger or protect his own safety and welfare, these materials or objects shall be inaccessible to the resident except under staff supervision.

**Article 3.
Safe, Secure Environment.**

22 VAC 40-72-1060. Applicability.

In order to be admitted or retained in a safe, secure environment as defined in 22 VAC 40-72-10, a resident must have a serious cognitive impairment due to a primary psychiatric diagnosis of dementia and be unable to recognize danger or protect his own safety and welfare. The requirements in this article apply when such residents reside in a safe, secure environment. These requirements apply only to the safe, secure environment.

EXCEPTION: A resident's spouse, parent, adult sibling or adult child who otherwise would not meet the criteria to reside in a safe, secure environment may reside in the special care unit if the spouse, parent, sibling or child so requests in writing, the facility agrees in writing and the resident, if capable of making the decision, agrees

in writing. The written request and agreements must be maintained in the resident's file. The spouse, parent, sibling or child is considered a resident of the facility and as such 22 VAC 40-72 applies. The requirements of this article do not apply for the spouse, parent, adult sibling, or adult child since the individual does not have a serious cognitive impairment due to a primary psychiatric diagnosis of dementia with an inability to recognize danger or protect his own safety and welfare.

22 VAC 40-72-1070. Assessment.

A. Prior to his admission to a safe, secure environment, the resident shall have been assessed by an independent clinical psychologist licensed to practice in the Commonwealth or by an independent physician as having a serious cognitive impairment due to a primary psychiatric diagnosis of dementia with an inability to recognize danger or protect his own safety and welfare. The physician shall be board certified or board eligible in a specialty or subspecialty relevant to the diagnosis and treatment of serious cognitive impairments, e.g., family practice, geriatrics, internal medicine, neurology, neurosurgery, or psychiatry. The assessment shall be in writing and shall include, but not be limited to, the following areas:

1. Cognitive functions, e.g., orientation, comprehension, problem-solving, attention/concentration, memory, intelligence, abstract reasoning, judgment, insight;
2. Thought and perception, e.g., process, content;
3. Mood/affect;
4. Behavior/psychomotor;
5. Speech/language; and
6. Appearance.

B. The assessment required in subsection A of this section shall be maintained in the resident's record.

22 VAC 40-72-1080. Approval.

A. Prior to placing a resident with a serious cognitive impairment due to a primary psychiatric diagnosis of dementia in a safe, secure environment, the facility shall obtain the written approval of one of the following persons, in the following order of priority:

1. The resident, if capable of making an informed decision;

2. A guardian or other legal representative for the resident if one has been appointed;
3. A relative who is willing and able to take responsibility to act as the resident's representative, in the following specified order: (i) spouse, (ii) adult child, (iii) parent, (iv) adult sibling, (v) adult grandchild, (vi) adult niece or nephew, (vii) aunt or uncle; or
4. If the resident is not capable of making an informed decision and a guardian, legal representative or relative is unavailable, an independent physician who is skilled and knowledgeable in the diagnosis and treatment of dementia.

B. The obtained written approval shall be retained in the resident's file.

C. The facility shall document that the order of priority specified in subsection A of this section was followed and the documentation shall be retained in the resident's file.

D. As soon as one of the persons in the order as prioritized above disapproves of placement or retention in the safe, secure environment, then the assisted living facility shall not place or retain the resident or prospective resident in the special care unit. If the resident is not to be retained in the unit, the discharge requirements specified in 22 VAC 40-72-420 apply.

22 VAC 40-72-1090. Appropriateness of placement and continued residence.

A. Prior to admitting a resident with a serious cognitive impairment due to a primary psychiatric diagnosis of dementia to a safe, secure environment, the licensee/administrator or designee shall determine whether placement in the special care unit is appropriate. The determination and justification for the decision shall be in writing and shall be retained in the resident's file.

B. ~~Six months after the completion of the initial uniform assessment instrument and thereafter at the time of completion of each subsequent uniform assessment instrument as required in 22 VAC 40-72-430~~ placement of the resident in the safe, secure environment and annually thereafter, the licensee/administrator or designee shall perform a review of the appropriateness of each resident's continued residence in the special care unit.

C. ~~The licensee/administrator or designee shall also perform a review of the appropriateness of continued residence in the unit Whenever warranted by a change in a resident's condition, the licensee/administrator or designee shall also perform a review of the appropriateness of continued residence in the unit.~~

D. The review reviews specified in subsections B and C of this section shall be performed in consultation with the following persons, as appropriate:

- (i) 1. The resident;_i
- (ii) 2. A responsible family member;_i
- (iii) 3. A guardian or other legal representative;_i
- (iv) 4. A designated contact person;_i
- (v) 5. Direct care staff who provide care and supervision to the resident;_i
- (vi) 6. The resident's mental health provider;_i
- (vii) 7. The licensed health care professional required in 22 VAC 40-72-480;_i
- (viii) 8. The resident's physician;_i and
- (ix) 9. Any other professional involved with the resident.

E. The licensee/administrator or designee shall make a determination as to whether continued residence in the special care unit is appropriate at the time of each review required by ~~this subsection~~ subsections B and C. The determination and justification for the decision shall be in writing and shall be retained in the resident's file.

22 VAC 40-72-1100. Activities.

A. In addition to the requirements of this section, all the requirements of 22 VAC 40-72-520 apply to safe, secure environments, except for 22 VAC 40-72-520 C and E.

A B. ~~Each week~~ There shall be at least ~~16~~ 21 hours of a variety of scheduled activities available to the residents each week for no less than two hours each day. ~~The 16-hour activity requirement replaces the number of hours per week specified in 22 VAC 40-72-520. The activities shall include, but not necessarily be limited to, the following categories:~~

- ~~1. Cognitive/mental stimulation/creative activities, e.g., discussion groups, reading, story telling, writing;~~
- ~~2. Physical activities (both gross and fine motor skills), e.g., exercise, dancing, gardening, cooking;~~
- ~~3. Productive/work activities, e.g., practicing life skills, setting the table, making decorations, folding clothes;~~
- ~~4. Social activities, e.g., games, music, arts and crafts;~~

~~5. Sensory activities, e.g., auditory, visual, scent and tactile stimulation;~~

~~6. Reflective/contemplative activities, e.g., meditation, reminiscing, and poetry readings;~~

~~7. Outdoor activities, weather permitting; e.g., walking outdoors, field trips; and~~

~~8. Nature/natural world activities, such as interaction with pets, making flower arrangements, watering indoor plants, and having a picnic.~~

~~B~~ C. If appropriate to meet the needs of the resident with a short attention span, there shall be multiple short activities.

~~C~~ D. Staff shall regularly encourage residents to participate in activities and provide guidance and assistance, as needed.

~~D~~. In addition to the required scheduled activities, there shall be unscheduled staff and resident interaction throughout the day that fosters an environment that promotes socialization opportunities for residents.

~~E~~. Residents shall be given the opportunity to be outdoors on a daily basis, weather permitting.

~~F~~ E. As appropriate, residents shall be encouraged to participate in supervised activities or programs outside the special care unit.

~~G~~ F. There shall be a designated staff person responsible for managing or coordinating the structured activities program. This staff person shall be on-site in the special care unit at least 20 hours a week, shall maintain personal interaction with the residents and familiarity with their needs and interests, and shall meet at least one of the following qualifications:

1. Be a qualified therapeutic recreation specialist or an activities professional;
2. Be eligible for certification as a therapeutic recreation specialist or an activities professional by a recognized accrediting body;
3. Have one year full-time work experience, within the last five years, in an activities program in an adult care setting;
4. Be a qualified occupational therapist or an occupational therapy assistant; or

5. Prior to or within six months of employment, have successfully completed 40 hours of department-approved training in adult group activities and in recognizing and assessing the activity needs of residents.

The required 20 hours on-site does not have to be devoted solely to managing or coordinating activities; neither is it required that the person responsible for managing or coordinating the activities program conduct the activities.

~~H The facility shall obtain documentation of the qualifications as specified in subsection G E of this section for the designated staff person responsible for managing or coordinating the structured activities program. The documentation shall be retained in the staff person's file. Written confirmation of department approval of training provided for in subdivision G E 5 of this section shall also be retained in the staff person's file, as appropriate.~~

22 VAC 40-72-1110. Staffing.

A. When residents are present, there shall be at least two direct care staff members awake and on duty at all times ~~in each~~ on each floor in each special care unit who shall be responsible for the care and supervision of the residents. This requirement is independent of 22 VAC 40-72-320 D and 22 VAC 40-72-1000 A.

EXCEPTION: Only one direct care staff member has to be awake and on duty in the unit if sufficient to meet the needs of the residents, if (i) there are no more than five residents present in the unit and (ii) there are at least two other direct care staff members in the building, one of whom is readily available to assist with emergencies in the special care unit, provided that supervision necessary to ensure the health, safety and welfare of residents throughout the building is not compromised.

B. During trips away from the facility, there shall be sufficient direct care staff to provide sight and sound supervision to residents.

22 VAC 40-72-1120. Staff training.

~~A. Commencing immediately upon employment and within two months, the administrator and direct care staff shall attend at least four hours of training in cognitive impairments due to dementia. This training is counted toward meeting the annual training requirement for the first year, except that for licensed administrators, whether the training counts toward continuing education and for what period of time depends upon the administrator licensure requirements. The training shall cover the following topics:~~

- ~~1. Information about the cognitive impairment, including areas such as cause, progression, behaviors, management of the condition;~~

- ~~2. Communicating with the resident;~~
- ~~3. Managing dysfunctional behavior; and~~
- ~~4. Identifying and alleviating safety risks to residents with cognitive impairment.~~

~~Previous training that meets the requirements of this subsection and subsections C and D of this section that was completed in the year prior to employment is transferable if there is documentation of the training. The documented previous training is counted toward the required four hours but not toward the annual training requirement, except as noted earlier in this subsection. In this subsection, for direct care staff, employment means employment in the safe, secure environment.~~

A. Commencing immediately upon employment and within three months, the administrator shall attend at least 12 hours of training in cognitive impairment that meets the requirements of subsection C of this section.

1. Training in cognitive impairment that meets the requirements of subsection C of this section and was completed in the year prior to employment is transferable and counts toward the required 12 hours if there is documentation of the training.

2. Whether the training counts toward continuing education for administrator licensure and for what period of time depends upon the licensure requirements of the Virginia Board of Long-Term Care Administrators.

~~B. Within the first year of employment, the administrator and direct care staff shall attend at least six more hours of training, in addition to that required in subsection A of this section, in caring for residents with cognitive impairments due to dementia. The training is counted toward meeting the annual training requirement for the first year, except that for licensed administrators, whether the training counts toward continuing education and for what period of time depends upon the administrator licensure requirements. The training shall cover the following topics:~~

- ~~1. Assessing resident needs and capabilities and understanding and implementing service plans;~~
- ~~2. Resident care techniques for persons with physical, cognitive, behavioral and social disabilities;~~
- ~~3. Creating a therapeutic environment;~~
- ~~4. Promoting resident dignity, independence, individuality, privacy and choice;~~
- ~~5. Communicating with families and other persons interested in the resident;~~

~~6. Planning and facilitating activities appropriate for each resident; and~~

~~7. Common behavioral problems and behavior management techniques.~~

~~Previous training that meets the requirements of this subsection and subsections C and D of this section that was completed in the year prior to employment is transferable if there is documentation of the training. The documented previous training is counted toward the required six hours but not toward the annual training requirement, except as noted earlier in this subsection. In this subsection, for direct care staff, employment means employment in the safe, secure environment.~~

B. Commencing immediately upon employment in the safe, secure environment and within four months, direct care staff shall attend at least 10 hours of training in cognitive impairment that meets the requirements of subsection C of this section.

1. The training is counted toward the annual training requirement for the first year.

2. Training in cognitive impairment that meets the requirements of subsection C of this section and was completed in the year prior to employment is transferable if there is documentation of the training.

3. The documented previous cognitive impairment training referenced in subdivision 2 immediately above is counted toward the required ten hours but not toward the annual training requirement.

C. The training in cognitive impairment required by subsections A and B of this section shall be relevant to the population in care, shall maximize the level of a resident's functional ability, and shall cover the following topics:

1. Information about cognitive impairment, including areas such as cause, progression, behaviors, management of the condition;

2. Communicating with the resident;

3. Resident care techniques for persons with physical, cognitive, behavioral and social disabilities;

4. Managing dysfunctional behavior;

5. Creating a therapeutic environment;

6. Planning and facilitating activities appropriate for each resident; and

7. Identifying and alleviating safety risks to residents with cognitive impairment.

D. The training ~~required in subsections A and B~~ specified in subsection C of this section shall be developed and provided by:

1. A licensed health care professional ~~acting~~ practicing within the scope of ~~the requirements of~~ his profession who has at least 12 hours of training in the care of individuals with cognitive impairments due to dementia; or
2. A person who has been approved by the department to develop or provide the training.

~~D. The training required in subsections A and B of this section shall be provided by a person qualified under subdivision C 1 of this section or a person who has been approved by the department to provide the training.~~

E. Within the first month of employment, staff, other than the administrator and direct care staff, who will have contact with residents in the special care unit shall complete ~~one hour~~ two hours of training on the nature and needs of residents with cognitive impairments due to dementia.

22 VAC 40-72-1130. Doors and windows.

A. Doors that lead to unprotected areas shall be monitored or secured through devices that conform to applicable building and fire codes, including but not limited to, door alarms, cameras, constant staff oversight, security bracelets that are part of an alarm system, pressure pads at doorways, delayed egress mechanisms, locking devices or perimeter fence gates. Residents who reside in safe, secure environments may be prohibited from exiting the facility or the special care unit, if applicable building and fire codes are met.

B. There shall be protective devices on the bedroom and bathroom windows of residents and on windows in common areas accessible to residents to prevent the windows from being opened wide enough for a resident to crawl through. The protective devices on the windows shall be in conformance with the Virginia Uniform Statewide Building Code (13 VAC 5-63).

~~C. As of October 9, 2001, buildings approved for construction or change in use and occupancy classification, as referenced in 13 VAC 5-63, the Virginia Uniform Statewide Building Code), shall have a glazed window area above ground level in at least one of the common rooms, e.g., living room, multipurpose room, dining room. The square footage of the glazed window area shall be at least 8.0% of the square footage of the floor area of the common room.~~

22 VAC 40-72-1140. Outdoor area access.

A. The facility shall have a secured outdoor area for the residents' use or provide direct care staff supervision while residents are outside.

B. Residents shall be given the opportunity to be outdoors on a daily basis, weather permitting.

22 VAC 40-72-1150. Indoor walking area.

The facility shall provide to residents free access to an indoor walking corridor or other indoor area that may be used for walking.

22 VAC 40-72-1160. Environmental precautions.

A. Special environmental precautions shall be taken by the facility to eliminate hazards to the safety and well-being of residents. Examples of environmental precautions include signs, carpet patterns and arrows that point the way, high visual contrast between floors and walls, and reduction of background noise.

B. When there are indications that ordinary materials or objects may be harmful to a resident, these materials or objects shall be inaccessible to the resident except under staff supervision.

C. Special environmental enhancements, tailored to the population in care, shall be provided by the facility to enable residents to maximize their independence and to promote their dignity in comfortable surroundings. Examples of environmental enhancements include memory boxes, activity centers, rocking chairs, and visual contrast between plates/eating utensils and the table.

**RIGHTS AND RESPONSIBILITIES OF
RESIDENTS OF ASSISTED LIVING FACILITIES**

§ 63.2-1808. Rights and responsibilities of residents of assisted living facilities; certification of licensure.

- A. Any resident of an assisted living facility has the rights and responsibilities enumerated in this section. The operator or administrator of an assisted living facility shall establish written policies and procedures to ensure that, at the minimum, each person who becomes a resident of the assisted living facility:
1. Is fully informed, prior to or at the time of admission and during the resident's stay, of his rights and of all rules and expectations governing the resident's conduct, responsibilities, and the terms of the admission agreement; evidence of this shall be the resident's written acknowledgment of having been so informed, which shall be filed in his record;
 2. Is fully informed, prior to or at the time of admission and during the resident's stay, of services available in the facility and of any related charges; this shall be reflected by the resident's signature on a current resident's agreement retained in the resident's file;
 3. Unless a committee or conservator has been appointed, is free to manage his personal finances and funds regardless of source; is entitled to access to personal account statements reflecting financial transactions made on his behalf by the facility; and is given at least a quarterly accounting of financial transactions made on his behalf when a written delegation of responsibility to manage his financial affairs is made to the facility for any period of time in conformance with state law;
 4. Is afforded confidential treatment of his personal affairs and records and may approve or refuse their release to any individual outside the facility except as otherwise provided in law and except in case of his transfer to another care-giving facility;
 5. Is transferred or discharged only when provided with a statement of reasons, or for nonpayment for his stay, and is given reasonable advance notice; upon notice of discharge or upon giving reasonable advance notice of his desire to move, shall be afforded reasonable assistance to ensure an orderly transfer or discharge; such actions shall be documented in his record;

6. In the event a medical condition should arise while he is residing in the facility, is afforded the opportunity to participate in the planning of his program of care and medical treatment at the facility and the right to refuse treatment;
7. Is not required to perform services for the facility except as voluntarily contracted pursuant to a voluntary agreement for services that states the terms of consideration or remuneration and is documented in writing and retained in his record;
8. Is free to select health care services from reasonably available resources;
9. Is free to refuse to participate in human subject experimentation or to be party to research in which his identity may be ascertained;
10. Is free from mental, emotional, physical, sexual, and economic abuse or exploitation; is free from forced isolation, threats or other degrading or demeaning acts against him; and his known needs are not neglected or ignored by personnel of the facility;
11. Is treated with courtesy, respect, and consideration as a person of worth, sensitivity, and dignity;
12. Is encouraged, and informed of appropriate means as necessary, throughout the period of stay to exercise his rights as a resident and as a citizen; to this end, he is free to voice grievances and recommend changes in policies and services, free of coercion, discrimination, threats or reprisal;
13. Is permitted to retain and use his personal clothing and possessions as space permits unless to do so would infringe upon rights of other residents;
14. Is encouraged to function at his highest mental, emotional, physical and social potential;
15. Is free of physical or mechanical restraint except in the following situations and with appropriate safeguards:
 - a. As necessary for the facility to respond to unmanageable behavior in an emergency situation, which threatens the immediate safety of the resident or others;

- b. As medically necessary, as authorized in writing by a physician, to provide physical support to a weakened resident;
16. Is free of prescription drugs except where medically necessary, specifically prescribed, and supervised by the attending physician, physician assistant, or nurse practitioner;
17. Is accorded respect for ordinary privacy in every aspect of daily living, including but not limited to the following:
- a. In the care of his personal needs except as assistance may be needed;
 - b. In any medical examination or health-related consultations the resident may have at the facility;
 - c. In communications, in writing or by telephone;
 - d. During visitations with other persons;
 - e. In the resident's room or portion thereof; residents shall be permitted to have guests or other residents in their rooms unless to do so would infringe upon the rights of other residents; staff may not enter a resident's room without making their presence known except in an emergency or in accordance with safety oversight requirements included in regulations of the Board;
 - f. In visits with his spouse; if both are residents of the facility they are permitted but not required to share a room unless otherwise provided in the residents' agreements;
18. Is permitted to meet with and participate in activities of social, religious, and community groups at his discretion unless medically contraindicated as documented by his physician, physician assistant, or nurse practitioner in his medical record; and
19. Is fully informed, as evidenced by the written acknowledgment of the resident or his legal representative, prior to or at the time of admission and during his stay, that he should exercise whatever due diligence he deems necessary with respect to information on any sex offenders registered pursuant to Chapter 9 (§ 9.1-900 et. seq.) of Title 9.1, including how to obtain such information. Upon request, the assisted living facility shall assist the resident, prospective resident, or the legal representative of the resident or prospective resident in accessing this information and provide the resident, prospective resident, or the legal representative of the resident or prospective resident with printed copies of the requested information.

- B. If the resident is unable to fully understand and exercise the rights and responsibilities contained in this section, the facility shall require that a responsible individual, of the resident's choice when possible, designated in writing in the resident's record, be made aware of each item in this section and the decisions that affect the resident or relate to specific items in this section; a resident shall be assumed capable of understanding and exercising these rights unless a physician determines otherwise and documents the reasons for such determination in the resident's record.
- C. The rights and responsibilities of residents shall be printed in at least 12-point type and posted conspicuously in a public place in all assisted living facilities. The facility shall also post the name and telephone number of the regional licensing supervisor of the Department, the Adult Protective Services' toll-free telephone number, as well as the toll-free telephone number for the Virginia Long-Term Care Ombudsman Program, any sub-state ombudsman program serving the area, and the toll-free number of the Virginia Office for Protection and Advocacy.
- D. The facility shall make its policies and procedures for implementing this section available and accessible to residents, relatives, agencies, and the general public.
- E. The provisions of this section shall not be construed to restrict or abridge any right that any resident has under law.
- F. Each facility shall provide appropriate staff training to implement each resident's rights included in this section.
- G. The Board shall adopt regulations as necessary to carry out the full intent of this section.
- H. It shall be the responsibility of the Commissioner to ensure that the provisions of this section are observed and implemented by assisted living facilities as a condition to the issuance, renewal, or continuation of the license required by this article.

(1984, c. 677, § 63.1-182.1; 1989, c. 271; 1990, c. 458; 1992, c. 356; 1993, cc. 957, 993; 1997, c. 801; 2000, c. 177; 2002, cc. 45, 572, 747; 2004, c. 855; 2006, 396; 2007, cc. 120, 163.)

